

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

LIBERTARIAN NATIONAL COMMITTEE

ADDRESS (number and street)

2600 Virginia Ave NW

Suite 200

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20037

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00255695

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2008

through

06

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Aaron Starr

Signature of Treasurer

Electronically Filed by Aaron Starr

Date

08

20

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
LIBERTARIAN NATIONAL COMMITTEE

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2008	113159.23
(b) Cash on Hand at Beginning of Reporting Period .....	112013.52	
(c) Total Receipts (from Line 19) .....	177899.27	853256.29
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	289912.79	966415.52
7. Total Disbursements (from Line 31) .....	224866.51	901369.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	65046.28	65046.28
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	26401.62	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	80813.21	318522.10
(i) Itemized (use Schedule A) .....	92041.37	501270.31
(ii) Unitemized .....	172854.58	819792.41
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	910.00	12865.00
(c) Other Political Committees (such as PACs) .....	173764.58	832657.41
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	3300.00	18200.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	834.69	2398.88
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	177899.27	853256.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	177899.27	853256.29

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	224470.39	900798.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	224470.39	900798.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	396.12	396.12
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	175.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	175.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	224866.51	901369.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	224866.51	901369.24

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	173764.58	832657.41
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	175.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	173764.58	832482.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	224470.39	900798.12
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	834.69	2398.88
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	223635.70	898399.24

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Michael L. Abrams

Mailing Address 2703 Westgate St

City

Houston

State

TX

Zip Code

77098-1413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Technology Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27197

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Jonathan Adams

Mailing Address 420 E Southern Ave

City

Covington

State

KY

Zip Code

41015-1562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fidelity

Occupation

Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.27210

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Arnold Adicoff

Mailing Address 13952 Collier Rd

City

Grass Valley

State

CA

Zip Code

95945-9340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Cardiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27218

Amount of Each Receipt this Period

25.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**LIBERTARIAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mike Alford

Mailing Address 2914 Smalley Ave

City

Mishawaka

State

IN

Zip Code

46544-3558

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Syscon International

Occupation  
Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27238

Amount of Each Receipt this Period

35.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mark Allen

Mailing Address 5611 Ringgold Rd Ste 100

City

Chattanooga

State

TN

Zip Code

37412-3143

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.27242

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Sally Amezcua

Mailing Address PO Box 1094

City

Jamul

State

CA

Zip Code

91935-1094

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27268

Amount of Each Receipt this Period

30.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

315.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Sally Amezcua

Mailing Address PO Box 1094

City

Jamul

State

CA

Zip Code

91935-1094

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.27269

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Brooke Anderson

Mailing Address 9134 134th Ct NE

City

Redmond

State

WA

Zip Code

98052-6436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CombiMatrix Corp

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27272

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Donald Norton Anderson

Mailing Address 1885 Craigs Store Rd

City

Afton

State

VA

Zip Code

22920-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27273

Amount of Each Receipt this Period

25.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Donald Norton Anderson

Mailing Address 1885 Craigs Store Rd

City

Afton

State

VA

Zip Code

22920-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.27274

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Douglas J. Anderson

Mailing Address 380 S Quail St

City

Lakewood

State

CO

Zip Code

80226-2534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of Lakewood

Occupation

Councilman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27275

Amount of Each Receipt this Period

30.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Ruth S. Andrasco

Mailing Address 2410 Kegwood Ln

City

Bowie

State

MD

Zip Code

20715-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Ronald Sroka

Occupation

Medical Reception

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.27287

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**LIBERTARIAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ruth S. Andrasco

Mailing Address 2410 Kegwood Ln

City

Bowie

State

MD

Zip Code

20715-2821

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dr. Ronald Sroka

Occupation

Medical Reception

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.27288

Amount of Each Receipt this Period

200.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Frank F. Atwood

Mailing Address 7094 S Costilla St

City

Littleton

State

CO

Zip Code

80120-3518

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.56

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27318

Amount of Each Receipt this Period

17.76

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Frank F. Atwood

Mailing Address 7094 S Costilla St

City

Littleton

State

CO

Zip Code

80120-3518

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.56

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.27319

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

317.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mett B. Ausley

Mailing Address 3412 Waccamaw Shores Rd

City

Lake Waccamaw

State

NC

Zip Code

28450-9442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cypress Pathology

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27324

Amount of Each Receipt this Period

300.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Jarrold C. Austin

Mailing Address 16348 Bluebell PI

City

Parker

State

CO

Zip Code

80134-9248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EchoStar

Occupation  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.27325

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

John Axtell

Mailing Address 3154 N Ridge Port St

City

Wichita

State

KS

Zip Code

67205-2503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cessna Aircraft Company

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.27332

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Richard O. Ayres

Mailing Address 1311 Brentwood Ter

City

Eau Claire

State

WI

Zip Code

54703-1994

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Silican Graphics, Inc.Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.27339

Amount of Each Receipt this Period

60.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ken Bacon

Mailing Address 18 Pinewood Ln

City

Novato

State

CA

Zip Code

94947-5311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27347

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Alvin C. Bailey

Mailing Address PO Box 611

City

Auburn

State

AL

Zip Code

36831-0611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27353

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

160.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dwight E. Baker

Mailing Address 68 Perkins Rd

City

Cartersville

State

VA

Zip Code

23027-9747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Energy Operations

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27357

Amount of Each Receipt this Period

20.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Dwight E. Baker

Mailing Address 68 Perkins Rd

City

Cartersville

State

VA

Zip Code

23027-9747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Energy Operations

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.27358

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Loren L. Baker

Mailing Address 1801 Rimrock Rd Apt 106

City

Barstow

State

CA

Zip Code

92311-5707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.27360

Amount of Each Receipt this Period

30.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Richard L. Banks

Mailing Address PO Box 5219

City

Cincinnati

State

OH

Zip Code

45205-0219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rock - Tenn Co

Occupation

Instrment Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.27380

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Alan D. Bannister

Mailing Address 1340 Creekwood Cv

City

Lawrenceville

State

GA

Zip Code

30045-7100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Poker Player

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27381

Amount of Each Receipt this Period

75.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Chris Batchelor

Mailing Address 1276 Creek Bend Rd

City

Jacksonville

State

FL

Zip Code

32259-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AT&T

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27427

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Benjamin Q. Bell

Mailing Address 501 N Providence Rd Apt 702

City

State

Zip Code

Media

PA

19063-2546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EI Dupont DE Nemours & Co.

Occupation

Corporate Security Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.27460

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Robert C. W. Benedict

Mailing Address PO Box 41446

City

State

Zip Code

Austin

TX

78704-0025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Custom Quality Marble, Inc

Occupation

Small Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27469

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Scott Benson

Mailing Address 609 Parnel Rd

City

State

Zip Code

Old Hickory

TN

37138-1016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NW Airlines

Occupation

Pilot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27480

Amount of Each Receipt this Period

30.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

John M. Bills

Mailing Address 1614 N Reid Hooker

City

Eads

State

TN

Zip Code

38028-7957

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mid South Emergency Spec-  
ialist

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.27513

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Ronda Birr

Mailing Address 248 Saddle Ln

City

Floresville

State

TX

Zip Code

78114-4508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Abbott Labs

Occupation  
Financial Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27519

Amount of Each Receipt this Period

20.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Barry B. Bishop

Mailing Address 541 Hamilton St  
Apt D

City

Costa Mesa

State

CA

Zip Code

92627-8507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AT-Tech

Occupation  
Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27521

Amount of Each Receipt this Period

35.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1055.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Douglas C. Boehler

Mailing Address 828 Broadway

City

Bangor

State

PA

Zip Code

18013-2320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AT&T

Occupation

Customer Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27557

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Rick Bond

Mailing Address 10672 Hillshire Ave

City

Baton Rouge

State

LA

Zip Code

70810-0714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27574

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Dwayne S. Borgstrand

Mailing Address 832 19th St

City

Cody

State

WY

Zip Code

82414-3839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27602

Amount of Each Receipt this Period

30.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 18 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Lawrence M. Borland

Mailing Address 3915 Bridgewood Cir

City

Murrysville

State

PA

Zip Code

15668-9478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UACCMF Univ of Pittsburgh

Occupation  
M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.27606

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John M. Bowers

Mailing Address 9418 Flanders St NE

City

Minneapolis

State

MN

Zip Code

55449-5638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wells Fargo & Co

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.27620

Amount of Each Receipt this Period

25.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

John M. Bowers

Mailing Address 9418 Flanders St NE

City

Minneapolis

State

MN

Zip Code

55449-5638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wells Fargo & Co

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.27621

Amount of Each Receipt this Period

25.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Frank J. Bowman

Mailing Address PO Box 6324

City

Laguna Niguel

State

CA

Zip Code

92607-6324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27625

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Frank J. Bowman

Mailing Address PO Box 6324

City

Laguna Niguel

State

CA

Zip Code

92607-6324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.27626

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Justin Boyd

Mailing Address 23628 81st PI

City

Salem

State

WI

Zip Code

53168-9197

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation  
Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.27627

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Justin Boyd

Mailing Address 23628 81st Pl

City

Salem

State

WI

Zip Code

53168-9197

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.27628

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

William Brooks

Mailing Address 10814 Pinkney Ln

City

Austin

State

TX

Zip Code

78739-1637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frontier Associates, LLC

Occupation

Energy Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27690

Amount of Each Receipt this Period

35.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Torben Bruck

Mailing Address 7200 Melody Ln Unit 15

City

La Mesa

State

CA

Zip Code

91942-1405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stratagene Cloning Systems

Occupation

Biochemical Engineers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27708

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**LIBERTARIAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Edward H. Bruske

Mailing Address 7325 Heritage Ct

City

Frankfort

State

IL

Zip Code

60423-9538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bruske Enterprises Inc

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.27712

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Sean Burke

Mailing Address 2207 W 24th St

City

Los Angeles

State

CA

Zip Code

90018-1902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Object Stream, Inc.

Occupation  
Computer Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.27756

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Wallace Howard Burton

Mailing Address 213 S 4th St

City

Festus

State

MO

Zip Code

63028-2210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27773

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 22 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

D. J. Cahill

Mailing Address 23212 Peach Tree Road

City

Clarksburg

State

MD

Zip Code

20871-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27803

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Bob W. Callahan

Mailing Address 41 Basswood Dr

City

Felton

State

DE

Zip Code

19943-6106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27810

Amount of Each Receipt this Period

41.67

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Richard Carnal

Mailing Address 75 Keokuk Rd

City

Royersford

State

PA

Zip Code

19468-3036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27851

Amount of Each Receipt this Period

15.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

106.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Allen E. Chantelois

Mailing Address 5555 N Meade St

City

Appleton

State

WI

Zip Code

54913-8382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHN

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27897

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

William Mark Clifford

Mailing Address 2786 Palo Verde Dr

City

Avon Park

State

FL

Zip Code

33825-8964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Soil and Water Cons Brd

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27946

Amount of Each Receipt this Period

30.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

William Mark Clifford

Mailing Address 2786 Palo Verde Dr

City

Avon Park

State

FL

Zip Code

33825-8964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Soil and Water Cons Brd

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.27947

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Michael C. Colley

Mailing Address 444 Magnolia Dr

City

Gulf Shores

State

AL

Zip Code

36542-4408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired (U.S. Navy)

Occupation

Vice Admiral, Ret.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27975

Amount of Each Receipt this Period

150.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John A. Collins

Mailing Address 318 Indian Trce # 126

City

Weston

State

FL

Zip Code

33326-2996

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Broward Community College

Occupation

Teacher

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.27978

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Wayne Confer

Mailing Address 3321 Edinburgh Rd

City

Allentown

State

PA

Zip Code

18104-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.27990

Amount of Each Receipt this Period

85.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Gregg Conley

Mailing Address 17844 Shotley Bridge Pl

City

Olney

State

MD

Zip Code

20832-1672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Army

Occupation

Infantryman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.27995

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Nick Contaxes

Mailing Address 522 Hill St

City

Ann Arbor

State

MI

Zip Code

48104-3223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28003

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Michael R. L. Coon

Mailing Address 1603 Pleasant Ln

City

Copperas Cove

State

TX

Zip Code

76522-4233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baylor U

Occupation

Graduate Teaching Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.28017

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Eric Cooper

Mailing Address 902 Burnett Ave

City

Ames

State

IA

Zip Code

50010-6132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iowa State Univ.

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28023

Amount of Each Receipt this Period

40.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Don Cowles

Mailing Address 2437 Green View Pl

City

Los Angeles

State

CA

Zip Code

90046-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cowles, Sabol & Co Inc

Occupation  
Stockbroker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28051

Amount of Each Receipt this Period

84.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Don Cowles

Mailing Address 2437 Green View Pl

City

Los Angeles

State

CA

Zip Code

90046-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cowles, Sabol & Co Inc

Occupation  
Stockbroker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

936.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.28052

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

624.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Bradford Daley

Mailing Address 51 Lee Road 987

City

Phenix City

State

AL

Zip Code

36870-8496

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.28115

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Stephen L. Dasbach

Mailing Address 2803 Flagmaker Dr

City

Falls Church

State

VA

Zip Code

22042-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FCPS

Occupation

Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28125

Amount of Each Receipt this Period

20.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Lynden F. Davis

Mailing Address 555 Pierce St Apt 1305

City

Albany

State

CA

Zip Code

94706-1004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.28143

Amount of Each Receipt this Period

125.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

395.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 28 / 189

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Paul Davis

Mailing Address 4508 E Camino Segundo

City

Sierra Vista

State

AZ

Zip Code

85650-9450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Davis Company

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28144

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Ronald M. Davis

Mailing Address 4041 Esperanza Dr

City

Sacramento

State

CA

Zip Code

95864-3069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.28145

Amount of Each Receipt this Period

25.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Stacey Day

Mailing Address 2175 Camp Branch Rd

City

Ellijay

State

GA

Zip Code

30540-7240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ernst & Young LLP

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.28151

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth Deforest

Mailing Address 1336 Princeton St Apt 3

City

Santa Monica

State

CA

Zip Code

90404-2420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.02

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28169

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Louis Denrich

Mailing Address 2407 Velvet Valley Way

City

Owings Mills

State

MD

Zip Code

21117-3035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Landlord

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.28183

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Scott Dickson

Mailing Address 43427 Mission Siena Cir

City

Fremont

State

CA

Zip Code

94539-5876

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TECO Pneumatic

Occupation

CFO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.28204

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

541.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Damon Z. Dillon

Mailing Address 10534 Antioch Rd

City

Tremont

State

IL

Zip Code

61568-9305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.28209

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Elaine DiMasi

Mailing Address 16 Old Rocky Point Rd

City

Miller Place

State

NY

Zip Code

11764-2026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brookhaven Nat'l Labs

Occupation

Research Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28212

Amount of Each Receipt this Period

30.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Patrick J. Dixon

Mailing Address 5002 Sundown St

City

Lago Vista

State

TX

Zip Code

78645-6066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DPAS INC

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3745.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28221

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Michael L. Donahue

Mailing Address 8405 Wyatt Way NE

City

Bainbridge Island

State

WA

Zip Code

98110-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National City Bank of MI/-  
IL

Occupation

Trust Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.28232

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Neal Donner

Mailing Address 2739 S Westgate Ave

City

Los Angeles

State

CA

Zip Code

90064-3527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28233

Amount of Each Receipt this Period

10.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Chad Draper

Mailing Address 5441 Wells Rd

City

Woodhull

State

NY

Zip Code

14898-9652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Bee Keeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.28256

Amount of Each Receipt this Period

25.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Michael L. Dudley

Mailing Address 4680 E McCloy Ave

City

Port Clinton

State

OH

Zip Code

43452-4231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28277

Amount of Each Receipt this Period

30.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Paul D. Eccles

Mailing Address PO Box 1943

City

Huntington Beach

State

CA

Zip Code

92647-1943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Logicon-INRI

Occupation

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28323

Amount of Each Receipt this Period

35.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mark Edgar

Mailing Address PO Box 87195

City

Phoenix

State

AZ

Zip Code

85080-7195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCCCD

Occupation

programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28330

Amount of Each Receipt this Period

20.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

85.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Carl G. Ellis

Mailing Address 2606 W Hill Rd

City

Roxbury

State

VT

Zip Code

05669-9732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ethan Allen, Inc.

Occupation  
Watchman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.28365

Amount of Each Receipt this Period

125.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Terrill I. Elniff

Mailing Address 21 Lynnstone Ct

City

Asheville

State

NC

Zip Code

28805-1905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28371

Amount of Each Receipt this Period

30.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Terrill I. Elniff

Mailing Address 21 Lynnstone Ct

City

Asheville

State

NC

Zip Code

28805-1905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28372

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

John P. Evans

Mailing Address 515 Lake St S Apt 305

City

Kirkland

State

WA

Zip Code

98033-6446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Solutions, IQ

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28416

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Richard Evey

Mailing Address 4150 Trim Tree Dr

City

Morganton

State

NC

Zip Code

28655-8431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28421

Amount of Each Receipt this Period

45.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Gregory M. Fahy

Mailing Address 880 Via Blairo

City

Corona

State

CA

Zip Code

92879-8245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
21st Century Medicine

Occupation  
Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28424

Amount of Each Receipt this Period

15.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

John A. Fehsenfeld

Mailing Address PO Box 15567

City

Las Vegas

State

NV

Zip Code

89114-5567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28441

Amount of Each Receipt this Period

30.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Michael Fein

Mailing Address 28 Papworth Ave

City

Metairie

State

LA

Zip Code

70005-4204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
W&T Offshore Inc

Occupation  
Geologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28443

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Robert G. Fletcher

Mailing Address 1214 Getty St S

City

Sauk Centre

State

MN

Zip Code

56378-1432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28496

Amount of Each Receipt this Period

200.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

330.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 189

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dennis Fogarty

Mailing Address 5120 Cerromar Dr

City

Naples

State

FL

Zip Code

34112-7923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	8

Transaction ID: SA11AI.28504

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Duane S. Fogg

Mailing Address 13722 3100 Rd

City

Hotchkiss

State

CO

Zip Code

81419-6104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lucent Tech.

Occupation

Mechanic

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Transaction ID: SA11AI.28505

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Heinrich Foltz

Mailing Address RR 26 Box 771D

City

Edinburg

State

TX

Zip Code

78541-8012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTPA

Occupation

instructor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	8

Transaction ID: SA11AI.28507

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Julian Fondren

Mailing Address 217 Cardinal Ct

City

Hartsville

State

SC

Zip Code

29550-2873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United States Air Force

Occupation  
Military

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28508

Amount of Each Receipt this Period

85.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Robert Ford

Mailing Address 57 Military Dr

City

Mountain Home

State

AR

Zip Code

72653-5810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCAMA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28513

Amount of Each Receipt this Period

85.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Heather Foti

Mailing Address 420 E Ohio St Apt 29A

City

Chicago

State

IL

Zip Code

60611-4663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28526

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Julia Fox

Mailing Address 536 S 5th St

City

West Dundee

State

IL

Zip Code

60118-2828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bell Flavors & Fragrances

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28531

Amount of Each Receipt this Period

25.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Peggy Garner

Mailing Address 218 Diane Dr

City

Madison

State

TN

Zip Code

37115-2564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.28594

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

June R. Genis

Mailing Address 142 Rainbow Dr # 4275

City

Livingston

State

TX

Zip Code

77399-1042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28623

Amount of Each Receipt this Period

85.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Paul D. Giammalvo

Mailing Address 8807 Arlene St

City

Anchorage

State

AK

Zip Code

99502-5510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28640

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mark D. Gibb

Mailing Address 2106 Bristol Breeze Ln

City

League City

State

TX

Zip Code

77573-5341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Naknan, Inc

Occupation

Software Engineer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28642

Amount of Each Receipt this Period

35.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Jay Gillotte

Mailing Address 8220 David Hwy

City

Lyons

State

MI

Zip Code

48851-9755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presort Services, Inc.

Occupation

Bus. Owner

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28652

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

635.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Jay Gillotte

Mailing Address 8220 David Hwy

City

Lyons

State

MI

Zip Code

48851-9755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presort Services, Inc.

Occupation  
Bus. Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.28653

Amount of Each Receipt this Period

200.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Rupert Gore

Mailing Address 8539 James B White Hwy S

City

Whiteville

State

NC

Zip Code

28472-6579

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28695

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Frederick J. Graboske

Mailing Address 101 N Van Buren St

City

Rockville

State

MD

Zip Code

20850-1860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Millican & Assoc

Occupation  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28708

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 41 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Anton Grambihler

Mailing Address 2008 Davison Ave

City

Richland

State

WA

Zip Code

99354-2015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.28718

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Richard S. Griffith

Mailing Address 3417 Milam St

City

Houston

State

TX

Zip Code

77002-9531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Inverstor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28761

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Pete Guard

Mailing Address PO Box 6925

City

Brandon

State

FL

Zip Code

33508-6015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Automobile Assoc-  
iation

Occupation  
Computer Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28780

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Michael Habibe

Mailing Address 3069 W Silverhill Ln

City

Fresno

State

CA

Zip Code

93711-1176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Emergency Medic-  
ine Associate

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.28801

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Allen Hacker

Mailing Address 6633 Highway 290 East, Suite 111

City

Austin

State

TX

Zip Code

78723-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28802

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Allen Hacker

Mailing Address 6633 Highway 290 East, Suite 111

City

Austin

State

TX

Zip Code

78723-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28803

Amount of Each Receipt this Period

10.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

George S. Halepis

Mailing Address 253 Terrace Rd

City

Tarpon Spgs

State

FL

Zip Code

34689-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ramala Express

Occupation  
Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.28820

Amount of Each Receipt this Period

25.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Douglas Cecil Hancock

Mailing Address PO Box 543

City

Wayne

State

IL

Zip Code

60184-0543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.28838

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Edwin R. Haney

Mailing Address 1501 Karin St

City

Ironton

State

OH

Zip Code

45638-1157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Fiction Author

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28847

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 44 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Josh Hardy

Mailing Address 24245 Wilderness Oak Apt 1302

City

San Antonio

State

TX

Zip Code

78258-7854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gilbane

Occupation

Construction Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.28863

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Wayne E. Harley

Mailing Address 1315 Richmond Dr

City

Melbourne

State

FL

Zip Code

32935-5325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockwell Collins Avionics

Occupation

Sr Eng Test Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28867

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

George A. Harper

Mailing Address 3628 Fm 2611 Rd

City

Brazoria

State

TX

Zip Code

77422-9795

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.28875

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 45 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Jim Harris

Mailing Address PO Box 740

City

E Northport

State

NY

Zip Code

11731-0496

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harris Precast

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.56

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.28878

Amount of Each Receipt this Period

17.76

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Jim Harris

Mailing Address PO Box 740

City

E Northport

State

NY

Zip Code

11731-0496

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harris Precast

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.56

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.28879

Amount of Each Receipt this Period

25.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Thomas F. Hastings

Mailing Address 10009 Vista Dr

City

Lenexa

State

KS

Zip Code

66220-2637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bayer Corporation

Occupation

Veterinary Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28908

Amount of Each Receipt this Period

25.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

67.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ken Heinemann

Mailing Address 3901 S Via Del Ruisenor

City

Green Valley

State

AZ

Zip Code

85614-5017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28946

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Ken Heinemann

Mailing Address 3901 S Via Del Ruisenor

City

Green Valley

State

AZ

Zip Code

85614-5017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.28947

Amount of Each Receipt this Period

75.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Bruce Edward Heistand

Mailing Address 785 S Freeway Dr

City

Napa

State

CA

Zip Code

94558-6130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harding Lawson Associates

Occupation  
Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28951

Amount of Each Receipt this Period

150.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 47 / 189

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ron B. Helwig

Mailing Address PO Box 12

City

Deerfield

State

NH

Zip Code

03037-0012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Connect Computer

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28964

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Brad W. Henry

Mailing Address 3606 41st Ave W

City

Seattle

State

WA

Zip Code

98199-1836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mindworks, Inc.

Occupation  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28977

Amount of Each Receipt this Period

10.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Brad W. Henry

Mailing Address 3606 41st Ave W

City

Seattle

State

WA

Zip Code

98199-1836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mindworks, Inc.

Occupation  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.28978

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Phillip Michael Herrin

Mailing Address 135 Ray Ridge Rd

City

Albany

State

KY

Zip Code

42602-6936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Army Corps Of Eng.

Occupation

PowerPlant Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28990

Amount of Each Receipt this Period

25.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Phillip Michael Herrin

Mailing Address 135 Ray Ridge Rd

City

Albany

State

KY

Zip Code

42602-6936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Army Corps Of Eng.

Occupation

PowerPlant Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28991

Amount of Each Receipt this Period

25.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Regan Philip Hess

Mailing Address 282382 Us Highway 101

City

Port Townsend

State

WA

Zip Code

98368-9396

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28996

Amount of Each Receipt this Period

30.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Regan Philip Hess

Mailing Address 282382 Us Highway 101

City

Port Townsend

State

WA

Zip Code

98368-9396

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28997

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Regan Philip Hess

Mailing Address 282382 Us Highway 101

City

Port Townsend

State

WA

Zip Code

98368-9396

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.28998

Amount of Each Receipt this Period

25.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Douglas Hoiles

Mailing Address 10047 E Acampo Rd

City

Acampo

State

CA

Zip Code

95220-9480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29064

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Michael Holasek

Mailing Address 1100 W Wells St  
PO Box 05900

City State Zip Code  
Milwaukee WI 53205-0900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catholic Knights

Occupation  
Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.29066

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Barbara Howe

Mailing Address 5046 Tar Hill Dr

City State Zip Code  
Oxford NC 27565-5416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29115

Amount of Each Receipt this Period

40.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Lincoln B. Hubbard

Mailing Address 4113 W End Rd

City State Zip Code  
Downers Grove IL 60515-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hubbard, Broadbent & Associates LTD.

Occupation  
Radiological Physicist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.29123

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

William Y. Humphreys

Mailing Address 404 Spyglass Ln

City

Vero Beach

State

FL

Zip Code

32963-4367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29165

Amount of Each Receipt this Period

25.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Stephen Hutchens

Mailing Address 9914 Travis St

City

Denver

State

CO

Zip Code

80229-2655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Postal Service

Occupation

Mechanic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29183

Amount of Each Receipt this Period

15.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Kim Jackson

Mailing Address 519 Signal Hill Rd

City

North Barrington

State

IL

Zip Code

60010-2031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29215

Amount of Each Receipt this Period

45.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Charles M. Jensen

Mailing Address 2630 Muirfield Dr

City

Westland

State

MI

Zip Code

48186-5491

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ford Motor Company (Retir-  
ed)

Occupation

Retired Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29257

Amount of Each Receipt this Period

40.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Herbert C. Johnson

Mailing Address 5222 N Stonehouse Pl

City

Tucson

State

AZ

Zip Code

85750-9672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29275

Amount of Each Receipt this Period

20.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

John Brady Jones

Mailing Address 402 Massie St

City

Atlanta

State

TX

Zip Code

75551-2332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ward Timber Co., Inc.

Occupation

Forester

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29315

Amount of Each Receipt this Period

60.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Gregory W. Kahn

Mailing Address 924 Governor Nicholls St

City

New Orleans

State

LA

Zip Code

70116-2431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USNavyDept

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.29339

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Achyut B. Kamat

Mailing Address 555 S Main St Apt 215

City

Providence

State

RI

Zip Code

02903-4353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Emergency Med

Occupation

Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.29348

Amount of Each Receipt this Period

400.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Robert D. Kampia

Mailing Address 1000 Park Road, NW

City

Washington

State

DC

Zip Code

20013-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marijuana Policy Project

Occupation

Executive Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29349

Amount of Each Receipt this Period

85.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

585.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 54 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Daniel M. Karlan

Mailing Address 97 Manhattan Ave

City

Waldwick

State

NJ

Zip Code

07463-2228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employed

Occupation  
Author

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.29360

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Edward W. Karpinski

Mailing Address 3457 Iroquois St

City

Detroit

State

MI

Zip Code

48214-1839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29361

Amount of Each Receipt this Period

15.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Dave Kaufman

Mailing Address 310 W Wayne Pl

City

Wheeling

State

IL

Zip Code

60090-4637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Howard Simon & Associates,  
Inc

Occupation  
Retirement Plan Administr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.29366

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 55 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Daryl A. Kearns

Mailing Address 9251 Cumberland Rd SW

City

Bowerston

State

OH

Zip Code

44695-9640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.29370

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Jeremy Keil

Mailing Address 3808 S 102nd St

City

Milwaukee

State

WI

Zip Code

53228-1328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thrivent Financial

Occupation  
Financial Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29375

Amount of Each Receipt this Period

10.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Gustave Kein

Mailing Address 1800 N Andrews Ave Apt 8D

City

Fort Lauderdale

State

FL

Zip Code

33311-3904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kein Holdings, LLC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.29376

Amount of Each Receipt this Period

25.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1035.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Douglas C. Keith

Mailing Address 1448 Turner Farms Rd

City

Garner

State

NC

Zip Code

27529-7413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29379

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John David Kelley

Mailing Address 1410 W Milledgeville Ave

City

Lebanon

State

IN

Zip Code

46052-9717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.29385

Amount of Each Receipt this Period

75.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Rebecca Kelly

Mailing Address 700 Greystone Park NE

City

Atlanta

State

GA

Zip Code

30324-5297

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern Tech

Occupation

Professor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.29392

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Richard S. Kerr

Mailing Address 483 Rebecca St

City

Morgantown

State

WV

Zip Code

26505-2246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.29408

Amount of Each Receipt this Period

35.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

RW Kerr

Mailing Address 5339 W Mill Dr

City

Cleveland

State

OH

Zip Code

44143-3144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kerr Lakeside, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.29410

Amount of Each Receipt this Period

300.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Brian Kiernan

Mailing Address 435 Carpenters Cove Ln

City

Downingtown

State

PA

Zip Code

19335-4541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Interdigital Comm Corp

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29423

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

John E. Kite

Mailing Address 1105 Sunset Dr

City

Somerdale

State

NJ

Zip Code

08083-1925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29445

Amount of Each Receipt this Period

15.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John E. Kite

Mailing Address 1105 Sunset Dr

City

Somerdale

State

NJ

Zip Code

08083-1925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.29446

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Edward Klapproth

Mailing Address 1021 Prestwick St

City

Las Vegas

State

NV

Zip Code

89145-8520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CCSN

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29447

Amount of Each Receipt this Period

85.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

David F. Klein

Mailing Address 254 Township Line Rd

City

Port Angeles

State

WA

Zip Code

98362-7433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29453

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John A. Kleiner

Mailing Address 46 Greenfield Dr

City

Moraga

State

CA

Zip Code

94556-1333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29455

Amount of Each Receipt this Period

35.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

John A. Kleiner

Mailing Address 46 Greenfield Dr

City

Moraga

State

CA

Zip Code

94556-1333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

790.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.29456

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Johnny Klonaris

Mailing Address 2151 Oakland Rd Spc 371

City

San Jose

State

CA

Zip Code

95131-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29464

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mike Knight

Mailing Address 15751 S Sunset Dr Apt 3300

City

Olathe

State

KS

Zip Code

66062-7099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cert Tech, LLC

Occupation

Electrical Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.29474

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Richard Konjarevich

Mailing Address 6095 Trophy Ave

City

Howell

State

MI

Zip Code

48855-8275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GM

Occupation

Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29487

Amount of Each Receipt this Period

35.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

335.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ted Kosarenko

Mailing Address 3257 Shelter Creek Ln

City

San Bruno

State

CA

Zip Code

94066-3806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.29497

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John R. Kuhn

Mailing Address 42 Church St

City

Charleston

State

SC

Zip Code

29401-2742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cothran Law Office LLC

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29523

Amount of Each Receipt this Period

30.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Michael Kunkel

Mailing Address 30531 Sorrento Pl

City

Castaic

State

CA

Zip Code

91384-4756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spira Manufacturing Corp

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.29529

Amount of Each Receipt this Period

1500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1630.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Rebecca A. Kurk

Mailing Address 6429 City West Pkwy  
Apt 4306

City State Zip Code  
Eden Prairie MN 55344-3282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.29532

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Robert Kuzniak

Mailing Address 5224 Stone Village Cir NW

City State Zip Code  
Kennesaw GA 30152-7766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eckerd Drug

Occupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.29538

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Steven M. Kymes

Mailing Address 6821 Wanda Ave

City State Zip Code  
Saint Louis MO 63116-2122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington University

Occupation  
Researcher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29541

Amount of Each Receipt this Period

35.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1085.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Harold Kyriazi

Mailing Address 4245 Bryn Mawr Rd

City

Pittsburgh

State

PA

Zip Code

15219-5726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.Pitts.Med.School

Occupation

Research Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29542

Amount of Each Receipt this Period

15.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Ben Lake

Mailing Address 7601 Churchill Way Apt 1729

City

Dallas

State

TX

Zip Code

75251-1946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wieck Media

Occupation

Web Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29561

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Marcy Sue Larson

Mailing Address 2215 Cascade Lakes Cir SE

City

Grand Rapids

State

MI

Zip Code

49546-6623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Forest Hills Pediatrics

Occupation

Pediaatrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29606

Amount of Each Receipt this Period

10.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

James Robert Latham

Mailing Address 845 S Main St Ste 23

City

Bountiful

State

UT

Zip Code

84010-6381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Independent Institute

Occupation

Public Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29613

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Keith Laube

Mailing Address 14497 County Road 76

City

Eaton

State

CO

Zip Code

80615-8509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Laube Engineering

Occupation

Civil Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.29614

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Leslie Jean Lazzerin

Mailing Address 1386 Bramblebush Run

City

Bloomfield

State

MI

Zip Code

48304-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.29627

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Leslie Jean Lazzerin

Mailing Address 1386 Bramblebush Run

City

Bloomfield

State

MI

Zip Code

48304-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.29628

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Jonathan Lee

Mailing Address 1103 Saint John Ave

City

Dyersburg

State

TN

Zip Code

38024-3370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nucor Steel-AR

Occupation  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29633

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Thomas M. Lemberg

Mailing Address 600 McKenzie Cir

City

Stockbridge

State

GA

Zip Code

30281-2896

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Draftsman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.29647

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Robert Lempke

Mailing Address 4732 Taft Rd

City

West Lafayette

State

IN

Zip Code

47906-5637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lafayette Anesthesiologists,  
LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29649

Amount of Each Receipt this Period

30.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Lidonnici

Mailing Address 433 E 56th St

City

New York

State

NY

Zip Code

10022-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
General A.V. Inc.

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29680

Amount of Each Receipt this Period

10.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Lidonnici

Mailing Address 433 E 56th St

City

New York

State

NY

Zip Code

10022-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
General A.V. Inc.

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.29681

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Walter Lineberger

Mailing Address 20 Towne Dr # 395

City

Bluffton

State

SC

Zip Code

29910-4204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Personalized Brokerage Se-  
rvice

Occupation  
Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29696

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Walter Lineberger

Mailing Address 20 Towne Dr # 395

City

Bluffton

State

SC

Zip Code

29910-4204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Personalized Brokerage Se-  
rvice

Occupation  
Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.29697

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Southard Lippincott

Mailing Address 74 Tyler Ter

City

Newton Center

State

MA

Zip Code

02459-1814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29700

Amount of Each Receipt this Period

25.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Southard Lippincott

Mailing Address 74 Tyler Ter

City

Newton Center

State

MA

Zip Code

02459-1814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.29701

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Charles A. Livingston

Mailing Address 4548 Longfellow Dr

City

Plano

State

TX

Zip Code

75093-3520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Raytheon

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.29705

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Kenneth L. Locher

Mailing Address 141 Lois Ln

City

Vallejo

State

CA

Zip Code

94590-3556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KL Locher Inc.

Occupation  
Retail Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.29713

Amount of Each Receipt this Period

60.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

810.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Raymond C. Loughlin

Mailing Address 6 Wilkens Dr  
Ste 207

City State Zip Code  
Plainville MA 02762-5019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alliance Electric, Inc.

Occupation  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.29741

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Walter Luers

Mailing Address 48 Carlisle Ct

City State Zip Code  
Old Bridge NJ 08857-2796

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Patterson Belknap Webb Ty-  
ler

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29765

Amount of Each Receipt this Period

10.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Vaughan T. Lund

Mailing Address 1503 Brook Valley Ln NE

City State Zip Code  
Atlanta GA 30324-3212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cooperative Technologies

Occupation  
Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29769

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Kevin J. Lynch

Mailing Address PO Box 711

City

Algona

State

IA

Zip Code

50511-0711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29782

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Ronald MacArtney

Mailing Address 739 Franklin St

City

Hinsdale

State

IL

Zip Code

60521-3614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.29789

Amount of Each Receipt this Period

35.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Hardy A. Macia

Mailing Address 120 Canterbury Shore Dr

City

Canterbury

State

NH

Zip Code

03224-2702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Software Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6070.01

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.29798

Amount of Each Receipt this Period

570.01

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

655.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

David Macko

Mailing Address 28810 Cannon Rd

City

Solon

State

OH

Zip Code

44139-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.29804

Amount of Each Receipt this Period

10.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

David Macko

Mailing Address 28810 Cannon Rd

City

Solon

State

OH

Zip Code

44139-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.29805

Amount of Each Receipt this Period

10.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

David Macko

Mailing Address 28810 Cannon Rd

City

Solon

State

OH

Zip Code

44139-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.29806

Amount of Each Receipt this Period

10.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

David Macko

Mailing Address 28810 Cannon Rd

City

Solon

State

OH

Zip Code

44139-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.29807

Amount of Each Receipt this Period

10.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Roland W. Maddrey

Mailing Address 732 N Main St

City

Mooreville

State

NC

Zip Code

28115-2314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29810

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Roland R. Manarin

Mailing Address 2100 Skyline Dr

City

Elkhorn

State

NE

Zip Code

68022-1743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Manarin Investment Counsel  
(Self-Emplo

Occupation  
Investment Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.29832

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1060.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

David L. Maris

Mailing Address 684 Benicia Dr

City

Santa Rosa

State

CA

Zip Code

95409-3058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.29843

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

David R. Mason

Mailing Address 2234 E Crosby Rd

City

Carrollton

State

TX

Zip Code

75006-7744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Verizon Wireless

Occupation  
Telecom Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29889

Amount of Each Receipt this Period

200.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Thomas P. Mathers

Mailing Address 5626 Ruatan St

City

Berwyn Heights

State

MD

Zip Code

20740-4312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NCBFAA Inc.

Occupation  
Dircomm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29898

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Thomas P. Mathers

Mailing Address 5626 Ruatan St

City

Berwyn Heights

State

MD

Zip Code

20740-4312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NCBFAA Inc.

Occupation  
Dircomm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.29899

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Thomas P. Mathers

Mailing Address 5626 Ruatan St

City

Berwyn Heights

State

MD

Zip Code

20740-4312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NCBFAA Inc.

Occupation  
Dircomm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.29900

Amount of Each Receipt this Period

75.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Quincy Matthews

Mailing Address 2336 Martin Ave

City

Baton Rouge

State

LA

Zip Code

70802-1430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SNBC

Occupation  
Transportation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29907

Amount of Each Receipt this Period

25.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Alicia Mattson

Mailing Address 978 River Bend Dr

City

Cookeville

State

TN

Zip Code

38506-5972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Computer Corp.

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.29909

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Carol May

Mailing Address 5823 Eldorado Pl NW

City

Bremerton

State

WA

Zip Code

98312-1171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.29920

Amount of Each Receipt this Period

25.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Carol May

Mailing Address 5823 Eldorado Pl NW

City

Bremerton

State

WA

Zip Code

98312-1171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.29921

Amount of Each Receipt this Period

25.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Michael J. McClung

Mailing Address PO Box 463

City

Blackwell

State

OK

Zip Code

74631-0463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Werner Enterprises

Occupation

Truck Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.29949

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Horace D. McCowan

Mailing Address 1600 Westbrook Ave Apt 853

City

Richmond

State

VA

Zip Code

23227-3336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.29956

Amount of Each Receipt this Period

200.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

John W. McCoy

Mailing Address 1278 Cleveland Ave Unit 3

City

San Diego

State

CA

Zip Code

92103-3370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sparta, Inc.

Occupation

Materials Scien.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.29959

Amount of Each Receipt this Period

25.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Luke McKellar

Mailing Address 3367 Sunnyside Dr

City

Dayton

State

OH

Zip Code

45432-2340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DRS Intelligence Avionic  
Solutions, Inc

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.30004

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Douglas R. McKissack

Mailing Address 7 Bitterroot Ln

City

Savannah

State

GA

Zip Code

31419-9507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gulfstream Aerospace

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.30007

Amount of Each Receipt this Period

30.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Michael S. McLane

Mailing Address 215 Hancock Ln

City

Athens

State

GA

Zip Code

30605-4741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30008

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1080.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 78 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Gregory A. Meckling

Mailing Address 19115 14th Ct NW

City

Shoreline

State

WA

Zip Code

98177-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Turner Construction

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30024

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Stephen F. Meier

Mailing Address 4530 Mayfield Ct

City

Fremont

State

CA

Zip Code

94536-6731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MRA Tek LLC

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.30032

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Allen R Merriman

Mailing Address 3304 N Vernon St

City

Arlington

State

VA

Zip Code

22207-4468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.30052

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Jason W. Miller

Mailing Address 517 10th Ave SE

City

Jamestown

State

ND

Zip Code

58401-4438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jamestown college

Occupation

Deveolpment officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1130.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.30092

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Timothy Milovich

Mailing Address 22753 County Road 448

City

Lindale

State

TX

Zip Code

75771-3417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ParAccel, Inc.

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.30110

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Yehia Mishriki

Mailing Address 4752 Belmont Dr

City

Emmaus

State

PA

Zip Code

18049-1227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lehigh Valley Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.30114

Amount of Each Receipt this Period

25.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Louis Misko

Mailing Address 4317 Argos Dr

City

San Diego

State

CA

Zip Code

92116-2329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Navy

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30115

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Stephen W. Modzelewski

Mailing Address 1578 River Rd

City

New Hope

State

PA

Zip Code

18938-9267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Watermark Group

Occupation  
Computer Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30121

Amount of Each Receipt this Period

75.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Bess M. Moore

Mailing Address 5029 I Pkwy

City

Sacramento

State

CA

Zip Code

95823-3109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.30135

Amount of Each Receipt this Period

40.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

215.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Bill Moore

Mailing Address PO Box 177

City

State

Zip Code

Challenge

CA

95925-0177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bill Moore & Assoc.

Occupation  
Arch.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.30136

Amount of Each Receipt this Period

75.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Frank Moore

Mailing Address 586 Wring Dr

City

State

Zip Code

Tallmadge

OH

44278-1520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Gobain - NorPro

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.30139

Amount of Each Receipt this Period

35.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Lanora Moore

Mailing Address 6207 Glenwood Ave

City

State

Zip Code

Mission

KS

66202-3214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30140

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Melinda Moore

Mailing Address 827 Anthony Ct SE

City

Leesburg

State

VA

Zip Code

20175-5629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catholic University of Am-  
erica

Occupation  
Instructor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6310.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.30143

Amount of Each Receipt this Period

83.34

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Robert Moore

Mailing Address 398 Plains Rd

City

Lisbon

State

NH

Zip Code

03585-6923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Solid Earth, Inc.

Occupation  
Geographer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30144

Amount of Each Receipt this Period

47.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Ronald G. Moore

Mailing Address 208 E 13th St Apt 3F

City

New York

State

NY

Zip Code

10003-5604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marketing Technologies Gr-  
oup

Occupation  
Computer Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30149

Amount of Each Receipt this Period

30.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

160.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

William E. Morris

Mailing Address 2124 Brandywood Dr

City

Wilmington

State

DE

Zip Code

19810-2435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30170

Amount of Each Receipt this Period

30.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Chuck Moulton

Mailing Address 1036 Hemlock Dr

City

Blue Bell

State

PA

Zip Code

19422-1572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Villanova Law School

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30185

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

George W. Mowbray

Mailing Address 3649 Burton Ln

City

Lake Charles

State

LA

Zip Code

70605-1025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Charles Pilots, Inc.

Occupation

River Pilot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30190

Amount of Each Receipt this Period

150.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Robert Mudd

Mailing Address 250 Congress St

City

State

Zip Code

Mobile

AL

36603-6481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.30194

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

William F. Murley

Mailing Address 9334 S St

City

State

Zip Code

Ralston

NE

68127-3435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of Tarpon Springs

Occupation  
Water Treatment Plant Ope

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.95

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.30210

Amount of Each Receipt this Period

25.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Cynthia L. Myers

Mailing Address 111 Elmwood Ave

City

State

Zip Code

Narberth

PA

19072-2409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paul, Reich & Myers, P.C.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30218

Amount of Each Receipt this Period

200.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

John L. Nemeth

Mailing Address 7924 W Juniper Shadows Way

City

Tucson

State

AZ

Zip Code

85743-5462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30242

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John L. Nemeth

Mailing Address 7924 W Juniper Shadows Way

City

Tucson

State

AZ

Zip Code

85743-5462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.30243

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Byron K. Nichols

Mailing Address 9000 Holly Street

City

Kansas City

State

MO

Zip Code

64114-3528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Gov't

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30256

Amount of Each Receipt this Period

30.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Stan L. O'Dell

Mailing Address 775 Shady Oaks Cir

City

Oxford

State

MS

Zip Code

38655-5450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30309

Amount of Each Receipt this Period

25.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Wilfred W. Olschewski

Mailing Address 411 Walnut St # 1844

City

Green Cove Springs

State

FL

Zip Code

32043-3443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.30326

Amount of Each Receipt this Period

5000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Steven R. Osborne

Mailing Address 412 River Oaks Dr

City

Luling

State

LA

Zip Code

70070-2144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Dow Chemical Company

Occupation  
Chemical Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30353

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

5075.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ewart Matthew Padgett

Mailing Address 54 W Bel Air Blvd

City

Clarksville

State

TN

Zip Code

37042-4060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clarksville Foundry, Inc.

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.30367

Amount of Each Receipt this Period

25.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Ewart Matthew Padgett

Mailing Address 54 W Bel Air Blvd

City

Clarksville

State

TN

Zip Code

37042-4060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clarksville Foundry, Inc.

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.30368

Amount of Each Receipt this Period

25.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Ewart Matthew Padgett

Mailing Address 54 W Bel Air Blvd

City

Clarksville

State

TN

Zip Code

37042-4060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clarksville Foundry, Inc.

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.30369

Amount of Each Receipt this Period

25.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 189

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Michael Panella

Mailing Address 264 Willowbrook Dr

City

North Brunswick

State

NJ

Zip Code

08902-1238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Stationers

Occupation

Warehouse Selector

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.30382

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Richard B. Patterson

Mailing Address 1790 Allenby Grn

City

Germantown

State

TN

Zip Code

38139-3238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sunwest Management, Inc.

Occupation

Community Relations Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.30422

Amount of Each Receipt this Period

30.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

George M. Pearson

Mailing Address 5261 Highland Rd # 360

City

Baton Rouge

State

LA

Zip Code

70808-6547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Global Marine

Occupation

Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.30435

Amount of Each Receipt this Period

150.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Arjen Peirce

Mailing Address 3001 Coleridge Rd

City

Cleveland

State

OH

Zip Code

44118-3526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Calix

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30440

Amount of Each Receipt this Period

35.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Richard Ray Pieper

Mailing Address 11602 N Shorecliff Ln

City

Mequon

State

WI

Zip Code

53092-3528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PPC Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.30499

Amount of Each Receipt this Period

2000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Michele R. Poague

Mailing Address 21079 E Mineral Dr

City

Aurora

State

CO

Zip Code

80016-1927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bavaria Inn

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30518

Amount of Each Receipt this Period

75.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

2110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Robert Pollard

Mailing Address 11150 S 1501 Rd

City

Stockton

State

MO

Zip Code

65785-9164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.30523

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Pamela P. Potter

Mailing Address 538 Spring Place Rd NE

City

White

State

GA

Zip Code

30184-2232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30548

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Earl Prochaska

Mailing Address 8 Lauretta Dr

City

Highland

State

NY

Zip Code

12528-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.30571

Amount of Each Receipt this Period

60.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**LIBERTARIAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Nick Rajnovic

Mailing Address 8976 33rd Ave

City

Kenosha

State

WI

Zip Code

53142-5410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Deltrol Controls

Occupation

Electrical Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30608

Amount of Each Receipt this Period

60.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Michael K. Reafsnyder

Mailing Address 1542 Loma Verda Ln

City

Santa Ana

State

CA

Zip Code

92705-3050

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.30635

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Michael K. Reafsnyder

Mailing Address 1542 Loma Verda Ln

City

Santa Ana

State

CA

Zip Code

92705-3050

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.30636

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

2060.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

John H. Ring

Mailing Address 2901 Oakdale Rd

City

Charlotte

State

NC

Zip Code

28216-1476

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	0	8

Transaction ID: SA11AI.30716

Amount of Each Receipt this Period

25.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John H. Ring

Mailing Address 2901 Oakdale Rd

City

Charlotte

State

NC

Zip Code

28216-1476

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	0	8

Transaction ID: SA11AI.30717

Amount of Each Receipt this Period

25.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Gary Bruce Rogers

Mailing Address 2833 Ringgold Dr

City

Apex

State

NC

Zip Code

27539-7431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMC Corporation

Occupation

Senior Production Coordinator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	0	8

Transaction ID: SA11AI.30752

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Steven H. Rogers

Mailing Address PO Box 1443

City

Lyons

State

CO

Zip Code

80540-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seagate Technology

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.30754

Amount of Each Receipt this Period

30.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Paul D. Rolig

Mailing Address 9877 W Ripley St

City

Boise

State

ID

Zip Code

83704-2758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Semi-Retired

Occupation  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.30759

Amount of Each Receipt this Period

20.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Robert Scott Rose

Mailing Address 2208 Kelly Rd

City

Apex

State

NC

Zip Code

27502-9562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IBM Corp.

Occupation  
Senior IT Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30779

Amount of Each Receipt this Period

30.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Sheldon Rose

Mailing Address PO Box 9070

City

Farmington Hills

State

MI

Zip Code

48333-9070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.30780

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Thomas Rose

Mailing Address 1503 Morgan Rd  
PO Box 518

City

Benson

State

NC

Zip Code

27504-0518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L J Rogers Jr

Occupation  
transportation broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30781

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Thomas Rose

Mailing Address 1503 Morgan Rd  
PO Box 518

City

Benson

State

NC

Zip Code

27504-0518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L J Rogers Jr

Occupation  
transportation broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30782

Amount of Each Receipt this Period

85.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Richard S. Roth

Mailing Address 984 Bloomfield Ave # A

City

West Caldwell

State

NJ

Zip Code

07006-7108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.30794

Amount of Each Receipt this Period

150.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

David P. Ruby

Mailing Address 1119 E Le Marche Ave

City

Phoenix

State

AZ

Zip Code

85022-3136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Phoenix Emergency Physi-  
cian In

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30808

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Susan S. Ruch

Mailing Address 5 Cuesta Ln

City

Santa Fe

State

NM

Zip Code

87508-8331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Ranching, Real Estate Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30809

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Michael Ruddock

Mailing Address 4922 Bridge Creek Ln

City

State

Zip Code

Katy

TX

77494-2241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chevron

Occupation

Business Process Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.30811

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Philip E. Russell

Mailing Address 4 Deerfield Road

City

State

Zip Code

Asheville

NC

28803-3012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.30816

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Sammy Sabri

Mailing Address 4038 Lambert Ter

City

State

Zip Code

Birmingham

AL

35242-7489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30837

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Paul Salander

Mailing Address 3847 E 9th Rd

City

Mendota

State

IL

Zip Code

61342-9325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.30841

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John A. Salvette

Mailing Address 2016 Devonshire Rd

City

Ann Arbor

State

MI

Zip Code

48104-4058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hayes Lemmerez Internatio-  
nal

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.30850

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Maya Sapper

Mailing Address 129 Rathburn Way

City

Santa Cruz

State

CA

Zip Code

95062-1035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.30857

Amount of Each Receipt this Period

30.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

580.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Joe Scarlett

Mailing Address 4 Strawberry HI

City

Nashville

State

TN

Zip Code

37215-4118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tractor Supply Company

Occupation

Chairman of the Board

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.30876

Amount of Each Receipt this Period

10000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Steven Schoch

Mailing Address 974 Bluebonnet Dr

City

Sunnyvale

State

CA

Zip Code

94086-6756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
StarNet Communications Co-  
rp

Occupation

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30909

Amount of Each Receipt this Period

45.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Steven Schoch

Mailing Address 974 Bluebonnet Dr

City

Sunnyvale

State

CA

Zip Code

94086-6756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
StarNet Communications Co-  
rp

Occupation

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.30910

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

10295.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

David K. Schrader

Mailing Address 50 17th St  
# A

City State Zip Code  
Hermosa Beach CA 90254-3408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AT&T NCR

Occupation  
Computer R&D Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.30914

Amount of Each Receipt this Period

25.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Alex Shavartsman

Mailing Address 260 E Main St Ste 109

City State Zip Code  
Smithtown NY 11787-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.31004

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Thomas J. Shepard

Mailing Address 3378 Black Willow Trl

City State Zip Code  
Deland FL 32724-3431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.31026

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

George Shopp

Mailing Address 4872 Sugarloaf Rd

City

Boulder

State

CO

Zip Code

80302-9218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shopp Nonclinical Consult-  
ing LLC

Occupation

Scientist, Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	8

Transaction ID: SA11AI.31050

Amount of Each Receipt this Period

5000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Phillip Showers

Mailing Address 1900 Dunham Cir NW

City

Huntsville

State

AL

Zip Code

35816-1743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	8

Transaction ID: SA11AI.31051

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

John Shuey

Mailing Address 4457 Young Dr

City

Carrollton

State

TX

Zip Code

75010-1145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	8

Transaction ID: SA11AI.31055

Amount of Each Receipt this Period

25.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

5075.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Robert Shuford

Mailing Address 6 Whartons Way

City

Hampton

State

VA

Zip Code

23669-1094

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Old Point National Bank

Occupation

Information Systems banki

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31058

Amount of Each Receipt this Period

85.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Robban A. Sica

Mailing Address 37 Lakewood Dr

City

Trumbull

State

CT

Zip Code

06611-2446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Center for the Healing Ar-  
t, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31065

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

John C. Simms

Mailing Address 2740 Washington St

City

Columbus

State

IN

Zip Code

47201-2950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marquette Univer

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.31091

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**LIBERTARIAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 George Skakel

Mailing Address 115 Maple Ave

City State Zip Code  
 Greenwich CT 06830-5621

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self Employed

Occupation  
 Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.31106

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
 Richard Skorheim

Mailing Address 3899 Haines St Apt 8-204

City State Zip Code  
 San Diego CA 92109-6355

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Sun Microsystems, Inc.

Occupation  
 Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.31109

Amount of Each Receipt this Period

25.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
 Lloyd E. Smith

Mailing Address 21 Franklin Ave

City State Zip Code  
 Oswego NY 13126-1755

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 HYCO Tunnel & Sewer Co.

Occupation  
 Land Speculator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.31135

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

**375.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Robert R. Smith

Mailing Address 6100 Bonsall Dr

City

Malibu

State

CA

Zip Code

90265-3825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.31142

Amount of Each Receipt this Period

200.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Clifford B. Sondock

Mailing Address 6 Crane Rd

City

Huntington

State

NY

Zip Code

11743-1733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spiegel Assoc.

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31164

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Hans O. Sorensen

Mailing Address 360 Leland Ave

City

Palo Alto

State

CA

Zip Code

94306-1127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31166

Amount of Each Receipt this Period

35.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

335.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

John R. Sparduto

Mailing Address PO Box 469114

City

Escondido

State

CA

Zip Code

92046-9114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Warren Properties

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.31177

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John C. Sproul

Mailing Address 397 Raines Park

City

Rochester

State

NY

Zip Code

14613-1118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31201

Amount of Each Receipt this Period

20.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

John C. Sproul

Mailing Address 397 Raines Park

City

Rochester

State

NY

Zip Code

14613-1118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.31202

Amount of Each Receipt this Period

75.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

195.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Aaron Starr

Mailing Address 4048 Tucson St

City

Simi Valley

State

CA

Zip Code

93063-1144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Haas Automation, Inc.

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5060.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31211

Amount of Each Receipt this Period

10.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John S. Stewart

Mailing Address 855 Bryn Mawr Dr

City

Columbus

State

OH

Zip Code

43230-3840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TranInternational

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31257

Amount of Each Receipt this Period

45.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Scott A. Stewart

Mailing Address 8401 E Appomattox St

City

Tucson

State

AZ

Zip Code

85710-2922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Raytheon

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31258

Amount of Each Receipt this Period

75.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

William M. Stocker

Mailing Address 125 Main St Apt 3H

City

Port Washington

State

NY

Zip Code

11050-2835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paneth, Haber & Zimmerman

Occupation  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.31271

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

James G. Strickland

Mailing Address 1312 S Westcliff Pl Apt 57

City

Spokane

State

WA

Zip Code

99224-2057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.31294

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

John Sturgeon

Mailing Address 315 Roane St

City

Charleston

State

WV

Zip Code

25302-2122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.31301

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

William B. Stutler

Mailing Address 31 Hemlock Rdg

City

New Milford

State

CT

Zip Code

06776-4516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Evening Out Inc

Occupation

Dinner/Theatre Owner /P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31302

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Robert Sullentrup

Mailing Address 140 Hunters Rdg

City

Saint Charles

State

MO

Zip Code

63301-0427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Collaboratech

Occupation

Computer Tech.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2012.93

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31305

Amount of Each Receipt this Period

125.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Robert Sullentrup

Mailing Address 140 Hunters Rdg

City

Saint Charles

State

MO

Zip Code

63301-0427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Collaboratech

Occupation

Computer Tech.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2032.93

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31306

Amount of Each Receipt this Period

20.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

245.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Randy Szabla

Mailing Address 32034 W 13 Mile Rd

City

Farmington Hills

State

MI

Zip Code

48334-2000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wayne State University

Occupation  
Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.31346

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Marion L. Taylor

Mailing Address HC 2 Box 247

City

Patagonia

State

AZ

Zip Code

85624-9707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.31380

Amount of Each Receipt this Period

20.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Matthew A. Taylor

Mailing Address 104 Pondview Rd

City

Weare

State

NH

Zip Code

03281-5020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAE Systems

Occupation  
Systems Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.31382

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

John M. Taylor, MD

Mailing Address 1 Scenic Dr Unit 1110

City

Highlands

State

NJ

Zip Code

07732-1321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Samra Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31367

Amount of Each Receipt this Period

85.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John M. Taylor, MD

Mailing Address 1 Scenic Dr Unit 1110

City

Highlands

State

NJ

Zip Code

07732-1321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Samra Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.31368

Amount of Each Receipt this Period

10000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Charles D. Test

Mailing Address 2710 2nd Ave S

City

Minneapolis

State

MN

Zip Code

55408-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Landlord

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31397

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

10185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Lovick Thomas

Mailing Address 2013 Stuart Ave

City

Monroe

State

LA

Zip Code

71201-2542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested (Re-  
fused to Answer)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Information Requested

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.31405

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey A. Thompson

Mailing Address 15623 Prospect Rd

City

Eden Prairie

State

MN

Zip Code

55347-3234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FairMarket Life Settlements Corp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Senior Account Manager

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.31416

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

John Thompson

Mailing Address 9308 Russell Ave S

City

Minneapolis

State

MN

Zip Code

55431-2430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Agene Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Engineer

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31417

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**LIBERTARIAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Joseph P. Thompson

Mailing Address 7474 E Arkansas Ave Apt 3010

City

Denver

State

CO

Zip Code

80231-2546

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CDOT

Occupation  
Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31418

Amount of Each Receipt this Period

20.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

James L. Tobin

Mailing Address 1822 Home Ave

City

Berwyn

State

IL

Zip Code

60402-3080

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Elmhurst College

Occupation  
Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.31449

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Charles Tolman

Mailing Address 7918 Cowan Ave

City

Los Angeles

State

CA

Zip Code

90045-1139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Treyarch Corp.

Occupation  
Technical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31452

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Arnold Trembley

Mailing Address 12066 Charter House Ln Apt E

City

Saint Louis

State

MO

Zip Code

63146-5279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MasterCard International

Occupation

Senior Software Engineer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31472

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Catherine G. Tripp

Mailing Address 89 Martha Ave

City

San Francisco

State

CA

Zip Code

94131-2849

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FQuest, Inc.

Occupation

Mortgage Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31478

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Larimore O. Trippet

Mailing Address 10514 Rue D Flore

City

Reno

State

NV

Zip Code

89511-4338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prof. Financial Advisors

Occupation

Financial Planner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31479

Amount of Each Receipt this Period

35.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

335.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Roy C. Turnbull

Mailing Address 4912 Royal Cove Dr

City

Shelby Township

State

MI

Zip Code

48316-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRW Vehicle Safety Systems

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31495

Amount of Each Receipt this Period

40.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Timothy P. Twigg

Mailing Address 29016 Hill and Dale Dr

City

Mechanicsville

State

MD

Zip Code

20659-4714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOD

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.31507

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Matthew Ungs

Mailing Address 77 W Huron St

City

Chicago

State

IL

Zip Code

60610-4052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prudential

Occupation  
Healthcare Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.31515

Amount of Each Receipt this Period

75.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

215.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Greg Utas

Mailing Address 2400 State Highway 121 Apt 1907

City

Euless

State

TX

Zip Code

76039-4092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

software Consultant

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31516

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

James J. Van Dress

Mailing Address 3915 S Flagler Dr Apt 112

City

West Palm Bch

State

FL

Zip Code

33405-2387

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ernst & Young

Occupation

auditor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31524

Amount of Each Receipt this Period

35.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Thomas Vanduin

Mailing Address 1209 W Washington Ave

City

Alpena

State

MI

Zip Code

49707-2972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHERN BUILDING CO

Occupation

GENERAL CONTRACTOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.31542

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

335.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Sue Velie

Mailing Address 2620 E 150 N

City

Lagrange

State

IN

Zip Code

46761-9694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jeffrey L. Bssett

Occupation  
Dental Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31554

Amount of Each Receipt this Period

30.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John Volk

Mailing Address 1005 Sir Barton Ct

City

Naperville

State

IL

Zip Code

60540-6825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.31573

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

James S. Voris

Mailing Address 20 Warren Manor Ct

City

Cockeysville

State

MD

Zip Code

21030-2741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aether Systems, Inc

Occupation  
Software Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31576

Amount of Each Receipt this Period

40.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Robert H. Wagner

Mailing Address 1570 East Ave Apt 416

City

Rochester

State

NY

Zip Code

14610-1638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.31581

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Arch Wakefield

Mailing Address 3047 Point Clear Dr

City

Tega Cay

State

SC

Zip Code

29708-8542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31588

Amount of Each Receipt this Period

75.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Christopher W. Walker

Mailing Address PO Box 2087

City

Middleburg

State

VA

Zip Code

20118-2087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Walker Mgmt Inc

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.31595

Amount of Each Receipt this Period

200.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Anthony E. Wall

Mailing Address 354 Summerville Rd

City

Kingsport

State

TN

Zip Code

37663-3007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jay Construction

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31600

Amount of Each Receipt this Period

15.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mary Warner-Nagel

Mailing Address PO Box 2823

City

Santa Fe

State

NM

Zip Code

87504-2823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NALSAS/SFCS

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.31631

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Gene Warren

Mailing Address 108 Glenwood St

City

Mobile

State

AL

Zip Code

36606-1906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Cronus Group, LLC

Occupation

IT Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31635

Amount of Each Receipt this Period

20.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 189

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

John C. Wendell

Mailing Address 2834 Ventura Ave

City

Santa Rosa

State

CA

Zip Code

95403-2227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Icore InternationalOccupation  
Machinist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.31686

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey J. Weston

Mailing Address 1255 NW 9th Ave Apt 301

City

Portland

State

OR

Zip Code

97209-2887

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eleven WirelessOccupation  
SW Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31702

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Neil Wetmore

Mailing Address 31 Vera St

City

East Haven

State

CT

Zip Code

06512-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
All About You HomecareOccupation  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31707

Amount of Each Receipt this Period

85.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

285.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Henry G. Weyerhaeuser

Mailing Address 202 Beach Rd N

City

Wilmington

State

NC

Zip Code

28411-9206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.31709

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Jason White

Mailing Address 10871 Pittsburg Mine Rd

City

Nevada City

State

CA

Zip Code

95959-3478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31727

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

George R. Whitfield

Mailing Address 45107 Tarney Wood Dr

City

Portsmouth

State

VA

Zip Code

23703-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Halcyon Search Internatio-  
nal

Occupation

Executive Search Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.31736

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Wayne G. Whitmore

Mailing Address 333 E 68th St Apt 6-C

City

New York

State

NY

Zip Code

10021-5693

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.31739

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Matthew Paul Wicklund

Mailing Address 16711 Moss Pebble

City

San Antonio

State

TX

Zip Code

78255-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USAF

Occupation  
Neurologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.31745

Amount of Each Receipt this Period

170.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Bradley Wiitala

Mailing Address PO Box 733

City

Big Pine

State

CA

Zip Code

93513-0733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Civil Service

Occupation  
electronic engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31752

Amount of Each Receipt this Period

15.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

John D. Williams

Mailing Address 3 Clover Leaf Ct

City

Savoy

State

IL

Zip Code

61874-9759

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U of IL

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31771

Amount of Each Receipt this Period

40.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

William H. Willis

Mailing Address 1442 Appley Dr

City

Morristown

State

TN

Zip Code

37814-3303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.31780

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Charles W. Wilson

Mailing Address PO Box 454

City

Red Oak

State

IA

Zip Code

51566-0454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31782

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

340.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 189

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Charles W. Wilson

Mailing Address PO Box 454

City

Red Oak

State

IA

Zip Code

51566-0454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.31783

Amount of Each Receipt this Period

25.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Chris Witzky

Mailing Address 54 Sachem Dr

City

Glastonbury

State

CT

Zip Code

06033-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Tech.

Occupation

financial analyst

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.31819

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Robert Worms

Mailing Address 1200 Post Oak Blvd Apt 2711

City

Houston

State

TX

Zip Code

77056-3264

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Islandview Capital, LLC

Occupation

Managing Member

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.31858

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1275.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 189

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

David A. Young

Mailing Address 2825 S Washington Ave Ofc

City

Titusville

State

FL

Zip Code

32780-5028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boeing

Occupation

Technical Writer

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Transaction ID: SA11AI.31910

Amount of Each Receipt this Period

35.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

35.00

TOTAL This Period (last page this line number only) .....

80813.21

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 189

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Vote Finkel for Congress

Mailing Address 14214 Anita Marie Lane

City

Austin

State

TX

Zip Code

78728

FEC ID number of contributing  
federal political committee.

**C** C00450379

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: SA11C.32272

Amount of Each Receipt this Period

910.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

910.00

**TOTAL** This Period (last page this line number only) .....

910.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 125 / 189

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
LIBERTARIAN PARTY OF ILLINOISMailing Address P.O. Box 1605  
515 W Main

City	State	Zip Code
Chicago	IL	60690

FEC ID number of contributing  
federal political committee.**C** C00315713

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	0	8

Transaction ID: SA12.32275

Amount of Each Receipt this Period

3300.00

Transfer from state party  
committee

SUBTOTAL of Receipts This Page (optional) .....

3300.00

TOTAL This Period (last page this line number only) .....

3300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 189

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CANANWILL, INC

Mailing Address PO Box # 19639

City

Newark

State

NJ

Zip Code

07195-0639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1718.88

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: SA15.32276

Amount of Each Receipt this Period

834.69

Refund of Insurance Premi-  
um Overpayment

**SUBTOTAL** of Receipts This Page (optional) .....

834.69

**TOTAL** This Period (last page this line number only) .....

834.69

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 127 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Advanced Mailing Services, LLC

Mailing Address 14970 Farm Creek Drive

City Woodbridge State VA Zip Code 22191-3550

Purpose of Disbursement  
Non Candidate Party Mailing Serv

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32173

Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

1306.04

B.

Full Name (Last, First, Middle Initial)  
Advanced Mailing Services, LLC

Mailing Address 14970 Farm Creek Drive

City Woodbridge State VA Zip Code 22191-3550

Purpose of Disbursement  
Non Candidate Party Mailing Serv

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32020

Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

2867.66

C.

Full Name (Last, First, Middle Initial)  
American Express Card -42007

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement  
Amex Credit Card Payment-(See Memos)

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32021

Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

6302.97

SUBTOTAL of Disbursements This Page (optional) .....

10476.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 128 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

4-Imprint

Mailing Address 101 Commerce Street

City  
Oshkosh

State  
WI

Zip Code  
54901-0000

Purpose of Disbursement  
Office Supplies

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32021.0

Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

492.75

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Accurint

Mailing Address P.O. Box 538358

City  
Atlanta

State  
GA

Zip Code  
30353-8358

Purpose of Disbursement  
Dornor Address History Search

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32021.1

Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

573.91

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Intuit Software

Mailing Address PO Box 30015

City  
Reno

State  
NV

Zip Code  
89520-3015

Purpose of Disbursement  
Quickbooks Software, Maint. Supplies

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32021.2

Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

259.54

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 129 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Sheraton Denver Hotel	<b>Transaction ID:</b> SB21B.32021.3 <b>Date of Disbursement</b>																				
Mailing Address 1550 Court Plc Attn: Soulaïman Bahalla	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	0	8												
City Denver State CO Zip Code 80202-5107	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expense-Hotel Candidate Name	<table border="1"> <tr> <td colspan="10">3583.94</td> </tr> </table>	3583.94																			
3583.94																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Sleep Inn Urbana	<b>Transaction ID:</b> SB21B.32021.4 <b>Date of Disbursement</b>																				
Mailing Address 1908 N. Lincoln Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	0	8												
City Urbana State IL Zip Code 61801-1025	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expense-Hotel Candidate Name	<table border="1"> <tr> <td colspan="10">1382.83</td> </tr> </table>	1382.83																			
1382.83																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) American Express Merch Services	<b>Transaction ID:</b> SB21B.32029 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	8												
City Newark State NJ Zip Code 07101-1270	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">98.58</td> </tr> </table>	98.58																			
98.58																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

98.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 130 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

American National Insurance Co.

Mailing Address Attn: Lea Pollack  
P. O. Box 1830 - Pension Dept.

City Galvison State TX Zip Code 77550-1830

Purpose of Disbursement  
LNC 401K Annual Management Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.32030

Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

800.00

B.

Full Name (Last, First, Middle Initial)

American National Insurance Co.

Mailing Address Attn: Lea Pollack  
P. O. Box 1830 - Pension Dept.

City Galvison State TX Zip Code 77550-1830

Purpose of Disbursement  
401K Contributions and Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.31969

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

1705.92

C.

Full Name (Last, First, Middle Initial)

AMGRO, Inc.

Mailing Address 100 N. Parkway  
PO Box 15089

City Worcester State MA Zip Code 01615-0089

Purpose of Disbursement  
D and O Insurance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.32031

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

821.02

SUBTOTAL of Disbursements This Page (optional) .....

3326.94

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 131 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Arcade Press <hr/> Mailing Address 5436 Harford Rd. <hr/> City Baltimore State MD Zip Code 21214-2292 <hr/> Purpose of Disbursement Non Candidate Party Printing Serv Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.32032 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	7		2	0	0	8												
<hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">1186.00</div> <hr/> <div style="border: 1px solid black; padding: 5px;"> 001 Category/ Type </div>																					
<b>B.</b> Full Name (Last, First, Middle Initial) Richard Ariazi <hr/> Mailing Address PO Box 737 <hr/> City Mundelein State IL Zip Code 60060-0737 <hr/> Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.32035 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	0		2	0	0	8												
<hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">363.00</div> <hr/> <div style="border: 1px solid black; padding: 5px;"> 001 Category/ Type </div>																					
<b>C.</b> Full Name (Last, First, Middle Initial) Ask Your Tech, LLC <hr/> Mailing Address c/of Nick Zarzycki 6001 Arlington Blvd Apt. T17 <hr/> City Falls Church State VA Zip Code 22044-0000 <hr/> Purpose of Disbursement Server and Computer Maint Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.32036 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	4		2	0	0	8												
<hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">540.96</div> <hr/> <div style="border: 1px solid black; padding: 5px;"> 001 Category/ Type </div>																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**2089.96**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 132 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Authorize.net Mailing Address 915 South 500 East Suite 200	<b>Transaction ID:</b> SB21B.32037 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2008</div> </div>
City American Fork State UT Zip Code 84003-0000 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>62.55</div> <div>001</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Anna Benjamin Mailing Address 626 W 47th St.	<b>Transaction ID:</b> SB21B.32038 <b>Date of Disbursement</b> <div> <div>06</div> <div>11</div> <div>2008</div> </div>
City Chicago State IL Zip Code 60609-0000 Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>754.50</div> <div>001</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) BentleyForbes Watergate LLC Mailing Address PO Box 73378	<b>Transaction ID:</b> SB21B.32039 <b>Date of Disbursement</b> <div> <div>06</div> <div>02</div> <div>2008</div> </div>
City Cleveland State OH Zip Code 44193-3378 Purpose of Disbursement Office Rent, Tax, Maint & Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>10089.74</div> <div>001</div> Category/ Type
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>10906.79</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Darryl Bonner	<b>Transaction ID:</b> SB21B.32040 <b>Date of Disbursement</b>																				
Mailing Address 6151 Reach Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	8												
City Philadelphia State PA Zip Code 19111-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Ballot Access Petitioning Expense	<table border="1"> <tr> <td>6612.24</td> </tr> </table>	6612.24																			
6612.24																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Darryl Bonner	<b>Transaction ID:</b> SB21B.32041 <b>Date of Disbursement</b>																				
Mailing Address 6151 Reach Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	0		2	0	0	8												
City Philadelphia State PA Zip Code 19111-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Ballot Access Petitioning Expense	<table border="1"> <tr> <td>3786.00</td> </tr> </table>	3786.00																			
3786.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Darryl Bonner	<b>Transaction ID:</b> SB21B.32042 <b>Date of Disbursement</b>																				
Mailing Address 6151 Reach Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	0	8												
City Philadelphia State PA Zip Code 19111-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Ballot Access Petitioning Expense	<table border="1"> <tr> <td>9352.71</td> </tr> </table>	9352.71																			
9352.71																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

19750.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 134 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Darryl Bonner

Mailing Address 6151 Reach Street

City  
Philadelphia

State  
PA

Zip Code  
19111-0000

Purpose of Disbursement  
Ballot Access Petitioning Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32043

Date of Disbursement

06 / 27 / 2008

Amount of Each Disbursement this Period

4500.00

B.

Full Name (Last, First, Middle Initial)

Darryl Bonner

Mailing Address 6151 Reach Street

City  
Philadelphia

State  
PA

Zip Code  
19111-0000

Purpose of Disbursement  
Ballot Access Petitioning Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32044

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

5010.00

C.

Full Name (Last, First, Middle Initial)

Louise Calise

Mailing Address 6802 Dante Ct

City  
Springfield

State  
VA

Zip Code  
22152-3328

Purpose of Disbursement  
AVIS Rental Reimbursement (See Memo)

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32045

Date of Disbursement

06 / 06 / 2008

Amount of Each Disbursement this Period

936.95

SUBTOTAL of Disbursements This Page (optional) .....

10446.95

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 135 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Avis Budget Group Inc.

Mailing Address PO Box 690360

City  
Tulsa

State  
OK

Zip Code  
74169-0360

Purpose of Disbursement  
Employee Travel-Car Rental

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32045.0

Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

936.95

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Louise Calise

Mailing Address 6802 Dante Ct

City  
Springfield

State  
VA

Zip Code  
22152-3328

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.31970

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

1286.81

**C.**

Full Name (Last, First, Middle Initial)

Louise Calise

Mailing Address 6802 Dante Ct

City  
Springfield

State  
VA

Zip Code  
22152-3328

Purpose of Disbursement  
Office Supply Reimbursement(See Memo)

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32048

Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

29.33

**SUBTOTAL** of Disbursements This Page (optional) .....

1316.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 136 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Louise Calise

Mailing Address 6802 Dante Ct

City  
Springfield

State  
VA

Zip Code  
22152-3328

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.31971

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

1272.83

B.

Full Name (Last, First, Middle Initial)

Carefirst CapitalCare (Robert)

Mailing Address PO Box 79749

City  
Baltimore

State  
MD

Zip Code  
21279-0749

Purpose of Disbursement  
Employee Medical

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32050

Date of Disbursement

06 / 20 / 2008

Amount of Each Disbursement this Period

103.00

C.

Full Name (Last, First, Middle Initial)

Christy Carmody

Mailing Address 1751 Camarillo Drive

City  
N. Las Vegas

State  
NV

Zip Code  
89031-0000

Purpose of Disbursement  
Writing for Non Candidate Mailing

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32051

Date of Disbursement

06 / 27 / 2008

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional) .....

1775.83

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 137 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Shane Cory

Transaction ID: SB21B.31972

Date of Disbursement

06 / 11 / 2008

Mailing Address 325 Garrisonville Road  
Suite 106, PMB 101

City Stafford State VA Zip Code 22554-0000

Amount of Each Disbursement this Period

3156.95

Purpose of Disbursement

Employee Net Pay

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Shane Cory

Transaction ID: SB21B.31973

Date of Disbursement

06 / 25 / 2008

Mailing Address 325 Garrisonville Road  
Suite 106, PMB 101

City Stafford State VA Zip Code 22554-0000

Amount of Each Disbursement this Period

1216.13

Purpose of Disbursement

Employee Net Pay

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Andrew R Davis

Transaction ID: SB21B.31974

Date of Disbursement

06 / 11 / 2008

Mailing Address 1639 Longleaf Dr.

City Myrtle Beach State SC Zip Code 29575-5400

Amount of Each Disbursement this Period

1100.13

Purpose of Disbursement

Employee Net Pay

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

5473.21

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 138 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Andrew R Davis	<b>Transaction ID:</b> SB21B.31975 <b>Date of Disbursement</b>																				
Mailing Address 1639 Longleaf Dr.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	0	8												
City Myrtle Beach      State SC      Zip Code 29575-5400	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Salary Candidate Name	<table border="1"> <tr> <td colspan="10">743.82</td> </tr> </table>	743.82																			
743.82																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mike Davis	<b>Transaction ID:</b> SB21B.32053 <b>Date of Disbursement</b>																				
Mailing Address 65 Duval Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	5		2	0	0	8												
City Winterhaven      State FL      Zip Code 33884-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name	<table border="1"> <tr> <td colspan="10">1060.50</td> </tr> </table>	1060.50																			
1060.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mike Davis	<b>Transaction ID:</b> SB21B.32054 <b>Date of Disbursement</b>																				
Mailing Address 65 Duval Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	7		2	0	0	8												
City Winterhaven      State FL      Zip Code 33884-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name	<table border="1"> <tr> <td colspan="10">1075.50</td> </tr> </table>	1075.50																			
1075.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**2879.82**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 139 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002-0000

Purpose of Disbursement  
DC - Admin. Funding Assessment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.31976

Date of Disbursement

06 / 10 / 2008

Amount of Each Disbursement this Period

4.14

B.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002-0000

Purpose of Disbursement  
DC - Unemployment Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.31977

Date of Disbursement

06 / 10 / 2008

Amount of Each Disbursement this Period

26.88

C.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002-0000

Purpose of Disbursement  
DC - Admin. Funding Assessment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.31978

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

3.04

SUBTOTAL of Disbursements This Page (optional) ..... ►

34.06

TOTAL This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue	<b>Transaction ID:</b> SB21B.31979 <b>Date of Disbursement</b>																				
Mailing Address 941 North Capitol St, NE 6th Flr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	0	8												
City Washington State DC Zip Code 20002-0000 Purpose of Disbursement DC - Unemployment Company Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>19.73</td> </tr> </table>	19.73																			
19.73																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) De Lage Landen Financial	<b>Transaction ID:</b> SB21B.32055 <b>Date of Disbursement</b>																				
Mailing Address PO Box 41601	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	2		2	0	0	8												
City Philadelphia State PA Zip Code 19101-1601 Purpose of Disbursement Copier Lease Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>498.88</td> </tr> </table>	498.88																			
498.88																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) Denver LPCON 2008, LLC	<b>Transaction ID:</b> SB21B.32056 <b>Date of Disbursement</b>																				
Mailing Address 4404 S. Arden Ave. Attn: BetteRose Ryan	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	0	8												
City Sioux Falls State SD Zip Code 57103-0000 Purpose of Disbursement Convention Supplies Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>150.81</td> </tr> </table>	150.81																			
150.81																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

669.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 141 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Susan M Dickson	<b>Transaction ID:</b> SB21B.31980 <b>Date of Disbursement</b>																				
Mailing Address 3410 Vineland Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	1		2	0	0	8												
City Dumfries State VA Zip Code 22026-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">925.06</td> </tr> </table>	925.06																			
925.06																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Susan M Dickson	<b>Transaction ID:</b> SB21B.31981 <b>Date of Disbursement</b>																				
Mailing Address 3410 Vineland Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	0	8												
City Dumfries State VA Zip Code 22026-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">909.05</td> </tr> </table>	909.05																			
909.05																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DirectLine Technologies, Inc.	<b>Transaction ID:</b> SB21B.32058 <b>Date of Disbursement</b>																				
Mailing Address 1600 N. Carpenter Rd. #D	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	0	8												
City Modesto State CA Zip Code 95351-1145	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LNC Renewal Phonebank Program Candidate Name	<table border="1"> <tr> <td colspan="10">10600.00</td> </tr> </table>	10600.00																			
10600.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**12434.11**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 142 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Elyse Dorsey Mailing Address 5 Brittany Ct	<b>Transaction ID:</b> SB21B.31982 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 8</div> </div>
City Cheshire State CT Zip Code 06410-3749 Purpose of Disbursement Employee Net Pay Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>307.69</div> <div>001 Category/ Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Elyse Dorsey Mailing Address 5 Brittany Ct	<b>Transaction ID:</b> SB21B.31983 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 5 / 2 0 0 8</div> </div>
City Cheshire State CT Zip Code 06410-3749 Purpose of Disbursement Employee Net Pay Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>85.88</div> <div>001 Category/ Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Paula Edwards Mailing Address 1200 G Street, N.W. Suite 800	<b>Transaction ID:</b> SB21B.32059 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20005-0000 Purpose of Disbursement Fec Filing and Amendments Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>001 Category/ Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1393.57**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 143 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Federal Unemployment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.31984

Date of Disbursement

06 / 10 / 2008

Amount of Each Disbursement this Period

16.54

**B.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Medicare Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.31985

Date of Disbursement

06 / 10 / 2008

Amount of Each Disbursement this Period

223.60

**C.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Medicare Employee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.31986

Date of Disbursement

06 / 10 / 2008

Amount of Each Disbursement this Period

223.60

**SUBTOTAL** of Disbursements This Page (optional) .....

463.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 144 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	<b>Transaction ID:</b> SB21B.31987 <b>Date of Disbursement</b>																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	0	8												
City St. Louis State MO Zip Code 63197-0030	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Social Security Company Candidate Name	<table border="1"> <tr> <td colspan="10">956.07</td> </tr> </table>	956.07																			
956.07																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	<b>Transaction ID:</b> SB21B.31988 <b>Date of Disbursement</b>																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	0	8												
City St. Louis State MO Zip Code 63197-0030	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Social Security Employee Candidate Name	<table border="1"> <tr> <td colspan="10">956.07</td> </tr> </table>	956.07																			
956.07																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	<b>Transaction ID:</b> SB21B.31989 <b>Date of Disbursement</b>																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	0	8												
City St. Louis State MO Zip Code 63197-0030	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Federal Withholding Candidate Name	<table border="1"> <tr> <td colspan="10">1176.00</td> </tr> </table>	1176.00																			
1176.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3088.14**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 145 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement

Federal Unemployment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.31990

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

12.14

**B.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement

Medicare Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.31991

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

181.97

**C.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement

Medicare Employee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.31992

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

181.97

**SUBTOTAL** of Disbursements This Page (optional) .....

376.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 146 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Social Security Company  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
State: District: ☐ Other (specify) ▼

Transaction ID: SB21B.31993

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

753.89

**B.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Social Security Employee  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
State: District: ☐ Other (specify) ▼

Transaction ID: SB21B.31994

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

778.10

**C.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Federal Withholding  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
State: District: ☐ Other (specify) ▼

Transaction ID: SB21B.31995

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

1013.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2544.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 147 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Cheryl Forde Mailing Address PO Box 56507	<b>Transaction ID:</b> SB21B.32060 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 0 / 2 0 0 8</div> </div>
City Philadelphia State PA Zip Code 19111-6507 Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>1028.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Cheryl Forde Mailing Address PO Box 56507 City Philadelphia State PA Zip Code 19111-6507 Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> SB21B.32061 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 5 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>905.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) FP Mailing Solutions Mailing Address Dept 4272 City Carol Stream State IL Zip Code 60122-4272 Purpose of Disbursement EOM Postage & Meter Resets Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> SB21B.32062 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1500.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3433.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 148 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Freedom Petition Management, Inc.

Mailing Address 25 Cobblestone Ln.

City  
Worcester

State  
MA

Zip Code  
01606-0000

Purpose of Disbursement  
Ballot Access Petitioning Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32063

Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

7150.20

B.

Full Name (Last, First, Middle Initial)

Freedom Petition Management, Inc.

Mailing Address 25 Cobblestone Ln.

City  
Worcester

State  
MA

Zip Code  
01606-0000

Purpose of Disbursement  
Ballot Access Petitioning Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32064

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

469.98

C.

Full Name (Last, First, Middle Initial)

Freedom Petition Management, Inc.

Mailing Address 25 Cobblestone Ln.

City  
Worcester

State  
MA

Zip Code  
01606-0000

Purpose of Disbursement  
Ballot Access Petitioning Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32065

Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

3087.70

SUBTOTAL of Disbursements This Page (optional) .....

10707.88

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 149 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Freedom Petition Management, Inc.

Mailing Address 25 Cobblestone Ln.

City Worcester State MA Zip Code 01606-0000

Purpose of Disbursement  
Ballot Access Petitioning Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Transaction ID: SB21B.32066

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

3098.25

B.

Full Name (Last, First, Middle Initial)  
Freedom Petition Management, Inc.

Mailing Address 25 Cobblestone Ln.

City Worcester State MA Zip Code 01606-0000

Purpose of Disbursement  
Ballot Access Petitioning Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Transaction ID: SB21B.32067

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

8364.75

C.

Full Name (Last, First, Middle Initial)  
Sean N Haugh

Mailing Address 1821 Hillandale Road  
#1B-322

City Durham State NC Zip Code 27705-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Transaction ID: SB21B.31999

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

1195.20

SUBTOTAL of Disbursements This Page (optional) .....

12658.20

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 150 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Sean N Haugh

**Transaction ID:** SB21B.32069

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	8

Mailing Address 1821 Hillandale Road  
#1B-322

Amount of Each Disbursement this Period

City Durham State NC Zip Code 27705-0000

80.63

Purpose of Disbursement  
Postage Reimbursement(See Memo)

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)

Postmaster

**Transaction ID:** SB21B.32069.0

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	8

Mailing Address US Post Office Watergate  
2500 virginia Ave NW

Amount of Each Disbursement this Period

City Washington State DC Zip Code 20037-0000

80.63

Purpose of Disbursement  
PostageCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Sean N Haugh

**Transaction ID:** SB21B.32000

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	8

Mailing Address 1821 Hillandale Road  
#1B-322

Amount of Each Disbursement this Period

City Durham State NC Zip Code 27705-0000

1195.22

Purpose of Disbursement  
Employee Net Pay

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

1275.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 151 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Gloette Hess

Mailing Address PO Box 6876

City  
Denver

State  
CO

Zip Code  
80206

Purpose of Disbursement  
Parliamentarian Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32181

Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Hickey, Michael P. & Associates

Mailing Address 9522 Nassington Ct.

City  
Richmond

State  
VA

Zip Code  
23229-6057

Purpose of Disbursement  
Writing for Non Candidate Mailing

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32072

Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Scott A Kohlhaas

Mailing Address 6701 East 6th Ave Apt 24

City  
Anchorage

State  
AK

Zip Code  
99504-0000

Purpose of Disbursement  
Ballot Access Petitioning Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32073

Date of Disbursement

06 / 01 / 2008

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional) .....

7500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 152 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Scott A Kohlhaas

Mailing Address 6701 East 6th Ave Apt 24

City  
Anchorage

State  
AK

Zip Code  
99504-0000

Purpose of Disbursement  
Ballot Access Petitioning Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32074

Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

944.51

B.

Full Name (Last, First, Middle Initial)

Robert S Kraus

Mailing Address 5375 Duke Street  
Apt 905

City  
Alexandria

State  
VA

Zip Code  
22304-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32001

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

1395.56

C.

Full Name (Last, First, Middle Initial)

Robert S Kraus

Mailing Address 5375 Duke Street  
Apt 905

City  
Alexandria

State  
VA

Zip Code  
22304-0000

Purpose of Disbursement  
Office Supplies Reimbursement(See Memo)

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32075

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional) .....

2540.07

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 153 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Safeway

Mailing Address 2550 Virginia Ave NW

City  
Washington

State  
DC

Zip Code  
20037-0000

Purpose of Disbursement  
Office Supplies

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32075.0

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Robert S Kraus

Mailing Address 5375 Duke Street  
Apt 905

City  
Alexandria

State  
VA

Zip Code  
22304-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32002

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

1395.56

C.

Full Name (Last, First, Middle Initial)

Alexa R Lamoureux

Mailing Address 1224 Powhatan St.

City  
Alexandria

State  
VA

Zip Code  
22314-1306

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32003

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

546.71

SUBTOTAL of Disbursements This Page (optional) .....

1942.27

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 154 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Alexa R Lamoureux	<b>Transaction ID:</b> SB21B.32004 <b>Date of Disbursement</b>																				
Mailing Address 1224 Powhatan St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	0	8												
City Alexandria State VA Zip Code 22314-1306	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">560.64</td> </tr> </table>	560.64																			
560.64																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MAMSI - UnitedHealth (WFG)	<b>Transaction ID:</b> SB21B.32077 <b>Date of Disbursement</b>																				
Mailing Address PO Box 42924	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	0		2	0	0	8												
City Philadelphia State PA Zip Code 19101-2924	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Medical Candidate Name	<table border="1"> <tr> <td colspan="10">838.75</td> </tr> </table>	838.75																			
838.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Carol McMahon	<b>Transaction ID:</b> SB21B.32078 <b>Date of Disbursement</b>																				
Mailing Address PO Box 29	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	6		2	0	0	8												
City Monson State MA Zip Code 01057-0029	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name	<table border="1"> <tr> <td colspan="10">445.50</td> </tr> </table>	445.50																			
445.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1844.89

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 155 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mark J. Meranta

Mailing Address 5883 Anthony Dr.

City Woodbridge State VA Zip Code 22193-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32005

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

375.25

B.

Full Name (Last, First, Middle Initial)

Mark J. Meranta

Mailing Address 5883 Anthony Dr.

City Woodbridge State VA Zip Code 22193-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32006

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

513.31

C.

Full Name (Last, First, Middle Initial)

Merchant Services

Mailing Address 890 Mountain Ave

City New Providence State NJ Zip Code 07974-0000

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32079

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

2807.45

SUBTOTAL of Disbursements This Page (optional) .....

3696.01

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 156 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

National Electronic Type, Inc

Mailing Address 2320 S. Kansas Ave

City  
Topeka

State  
KS

Zip Code  
66611-0000

Purpose of Disbursement  
Outreach Booth Display Banners

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.32080

Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

670.63

**B.**

Full Name (Last, First, Middle Initial)

North Carolina Department of Revenue

Mailing Address P.O. Box 25000

City  
Raleigh

State  
NC

Zip Code  
27640-0640

Purpose of Disbursement  
NC - Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.32007

Date of Disbursement

06 / 10 / 2008

Amount of Each Disbursement this Period

61.00

**C.**

Full Name (Last, First, Middle Initial)

North Carolina Department of Revenue

Mailing Address P.O. Box 25000

City  
Raleigh

State  
NC

Zip Code  
27640-0640

Purpose of Disbursement  
NC - Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.32008

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

61.00

**SUBTOTAL** of Disbursements This Page (optional) .....

792.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 157 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

William Palmer

Mailing Address 5422 Old Park Tree Dr.

City  
Orlando

State  
FL

Zip Code  
32808-0000

Purpose of Disbursement  
Ballot Access Petitioning Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32081

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

1267.50

B.

Full Name (Last, First, Middle Initial)

William Palmer

Mailing Address 5422 Old Park Tree Dr.

City  
Orlando

State  
FL

Zip Code  
32808-0000

Purpose of Disbursement  
Ballot Access Petitioning Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32082

Date of Disbursement

06 / 20 / 2008

Amount of Each Disbursement this Period

2280.51

C.

Full Name (Last, First, Middle Initial)

PayPal Merchant Services

Mailing Address 2211 N. First St.

City  
San Jose

State  
CA

Zip Code  
95131-0000

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32083

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

1157.87

SUBTOTAL of Disbursements This Page (optional) .....

4705.88

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 158 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Austin W Petersen	<b>Transaction ID:</b> SB21B.32009 <b>Date of Disbursement</b>																				
Mailing Address 309 N. Jordan St. Apt 102	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	1		2	0	0	8												
City Alexandria State VA Zip Code 22304-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">1309.85</td> </tr> </table>	1309.85																			
1309.85																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/ Type 001																				
<b>B.</b> Full Name (Last, First, Middle Initial) Austin W Petersen	<b>Transaction ID:</b> SB21B.32010 <b>Date of Disbursement</b>																				
Mailing Address 309 N. Jordan St. Apt 102	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	0	8												
City Alexandria State VA Zip Code 22304-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">1253.09</td> </tr> </table>	1253.09																			
1253.09																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/ Type 001																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mark Pickens	<b>Transaction ID:</b> SB21B.32084 <b>Date of Disbursement</b>																				
Mailing Address 167 Noterdame Ave 2nd Fl	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	6		2	0	0	8												
City Manchester State NH Zip Code 03132-3941	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name	<table border="1"> <tr> <td colspan="10">8226.00</td> </tr> </table>	8226.00																			
8226.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/ Type 001																				

**SUBTOTAL** of Disbursements This Page (optional) .....

10788.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 159 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Karen E. Pierce	<b>Transaction ID:</b> SB21B.32085 <b>Date of Disbursement</b>																				
Mailing Address 200 W. 34th Ave. #587	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	6		2	0	0	8												
City Anchorage State AK Zip Code 99503-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name	<table border="1"> <tr> <td colspan="10">690.00</td> </tr> </table>	690.00																			
690.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					
<b>B.</b> Full Name (Last, First, Middle Initial) Karen E. Pierce	<b>Transaction ID:</b> SB21B.32086 <b>Date of Disbursement</b>																				
Mailing Address 200 W. 34th Ave. #587	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	0	8												
City Anchorage State AK Zip Code 99503-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name	<table border="1"> <tr> <td colspan="10">589.16</td> </tr> </table>	589.16																			
589.16																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					
<b>C.</b> Full Name (Last, First, Middle Initial) Karen E. Pierce	<b>Transaction ID:</b> SB21B.32087 <b>Date of Disbursement</b>																				
Mailing Address 200 W. 34th Ave. #587	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	7		2	0	0	8												
City Anchorage State AK Zip Code 99503-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name	<table border="1"> <tr> <td colspan="10">238.50</td> </tr> </table>	238.50																			
238.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					

**SUBTOTAL** of Disbursements This Page (optional) .....

1517.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 160 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Karen E. Pierce Mailing Address 200 W. 34th Ave. #587	<b>Transaction ID:</b> SB21B.32088 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 9 / 2 0 0 8</div> </div>
City Anchorage State AK Zip Code 99503-0000 Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>774.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Karen E. Pierce Mailing Address 200 W. 34th Ave. #587 City Anchorage State AK Zip Code 99503-0000 Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> SB21B.32089 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 5 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>910.56</div>
<b>C.</b> Full Name (Last, First, Middle Initial) PNC Master Card Mailing Address PO Box 790350 City St. Louis State MO Zip Code 63179-0350 Purpose of Disbursement Credit Card Payment (See Attached Memos) Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> SB21B.32091 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>14099.11</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**15783.67**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 161 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Airtran Airways	<b>Transaction ID:</b> SB21B.32091.0 <b>Date of Disbursement</b>																				
Mailing Address 1800 Phoenix Blvd. Ste #126	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	0	8												
City Atlanta State GA Zip Code 30349-5547	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Travel-Air	<table border="1"> <tr> <td colspan="10">296.50</td> </tr> </table>	296.50																			
296.50																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) Alamo Rent A Car	<b>Transaction ID:</b> SB21B.32091.1 <b>Date of Disbursement</b>																				
Mailing Address 6929 North Lakewood Avenue, Suite	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	0	8												
City Tulsa State OK Zip Code 74117-1808	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Travel-Car Rental	<table border="1"> <tr> <td colspan="10">352.70</td> </tr> </table>	352.70																			
352.70																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) Allbritton Communications Company	<b>Transaction ID:</b> SB21B.32091.2 <b>Date of Disbursement</b>																				
Mailing Address 1000 Wilson Blvd., Suite 2700	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	0	8												
City Arlington State VA Zip Code 22209-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Search expense	<table border="1"> <tr> <td colspan="10">310.00</td> </tr> </table>	310.00																			
310.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 162 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) American Airlines	<b>Transaction ID:</b> SB21B.32091.3 <b>Date of Disbursement</b>																				
Mailing Address PO Box 582820 - MD766	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	0	8												
City Tulsa State OK Zip Code 74158-2820	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Travel-Air	<table border="1"> <tr> <td colspan="10">382.70</td> </tr> </table>	382.70																			
382.70																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) Central Parking System	<b>Transaction ID:</b> SB21B.32091.6 <b>Date of Disbursement</b>																				
Mailing Address PO Box 790402 Attn: Monthly Accts Dept.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	0	8												
City St. Louis State MO Zip Code 63179-0402	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Parking Garage Rental	<table border="1"> <tr> <td colspan="10">225.00</td> </tr> </table>	225.00																			
225.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) Choice Hotels Group, Inc.	<b>Transaction ID:</b> SB21B.32091.8 <b>Date of Disbursement</b>																				
Mailing Address 10750 Columbia Pike	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	0	8												
City Silver Spring State MD Zip Code 20901-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Travel-Hotel	<table border="1"> <tr> <td colspan="10">2513.19</td> </tr> </table>	2513.19																			
2513.19																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 163 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Corporate & Leisure

Mailing Address 2700 W. Cyprus Creek Road  
Suite D-105

City Ft Lauderdale State FL Zip Code 33309-0000

Purpose of Disbursement

Employee Travel-Air

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32091.9

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

90.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Geneva Hotel

Mailing Address PO Box 183

City Geneva State IL Zip Code 60134-0183

Purpose of Disbursement

Employee Travel-Hotel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32091.12

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

1123.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

GoToMyPC.com

Mailing Address 5385 Hollister Ave #111

City Santa barbara State CA Zip Code 93111-0000

Purpose of Disbursement

PC Access Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32091.13

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

42.44

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 164 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) InTown Suites	<b>Transaction ID:</b> SB21B.32091.14 <b>Date of Disbursement</b>																				
Mailing Address 2727 Paces Ferry Road Suite 2-1200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	0	8												
City Atlanta State GA Zip Code 30339-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement Employee Travel-Hotel	<table border="1"> <tr> <td colspan="10">936.58</td> </tr> </table>	936.58																			
936.58																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) Leadership Institute	<b>Transaction ID:</b> SB21B.32091.16 <b>Date of Disbursement</b>																				
Mailing Address 1101 N. Highland	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	0	8												
City Arlington State VA Zip Code 22201-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement 4th of July Party Outreach Event	<table border="1"> <tr> <td colspan="10">750.00</td> </tr> </table>	750.00																			
750.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) Lyris Tech - Sparklist	<b>Transaction ID:</b> SB21B.32091.17 <b>Date of Disbursement</b>																				
Mailing Address PO Box 49023	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	0	8												
City San Jose State CA Zip Code 95161-9023	Amount of Each Disbursement this Period																				
Purpose of Disbursement Email List Hosting Service	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 165 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Northwest Airlines

Mailing Address Div 410

City  
St Paul

State  
MN

Zip Code  
55111-0000

Purpose of Disbursement  
Employee Travel-Hotel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.32091.19

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

844.74

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Postmaster

Mailing Address US Post Office Watergate  
2500 virginia Ave NW

City  
Washington

State  
DC

Zip Code  
20037-0000

Purpose of Disbursement  
Postage

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.32091.20

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

237.50

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Rackspace US Inc.

Mailing Address 9725 Datapoint Dr. #100

City  
San Antonio

State  
TX

Zip Code  
78229-0000

Purpose of Disbursement  
Website Hosting Service

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.32091.21

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

649.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 166 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

The Hill

Mailing Address 1625 K Street, NW Suite 900

City  
Washington

State  
DC

Zip Code  
20006-0000

Purpose of Disbursement  
Employee Search Expense

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.32091.22

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

339.00

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

ThePlanet.com

Mailing Address 1333 N. Stemmons Fwy #110

City  
Dallas

State  
TX

Zip Code  
75207-3724

Purpose of Disbursement  
Web Hosting Server

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.32091.23

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

574.00

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

USAirways

Mailing Address 2345 Crystal Dr

City  
Arlington

State  
VA

Zip Code  
22227-0000

Purpose of Disbursement  
Employee Travel-Air

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.32091.24

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

805.47

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 167 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) PNC Master Card	<b>Transaction ID:</b> SB21B.32130 <b>Date of Disbursement</b>																				
Mailing Address PO Box 790350	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	8												
City State Zip Code St. Louis MO 63179-0350	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Payment(See Attached Memos) Candidate Name	<table border="1"> <tr> <td colspan="10">1818.81</td> </tr> </table>	1818.81																			
1818.81																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) American Airlines	<b>Transaction ID:</b> SB21B.32130.0 <b>Date of Disbursement</b>																				
Mailing Address PO Box 582820 - MD766	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	8												
City State Zip Code Tulsa OK 74158-2820	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Travel-Air Candidate Name	<table border="1"> <tr> <td colspan="10">137.50</td> </tr> </table>	137.50																			
137.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Choice Hotels Group, Inc.	<b>Transaction ID:</b> SB21B.32130.1 <b>Date of Disbursement</b>																				
Mailing Address 10750 Columbia Pike	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	8												
City State Zip Code Silver Spring MD 20901-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Travel-Hotel Candidate Name	<table border="1"> <tr> <td colspan="10">52.21</td> </tr> </table>	52.21																			
52.21																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1818.81

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 169 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) InTown Suites	<b>Transaction ID:</b> SB21B.32130.5 <b>Date of Disbursement</b>																				
Mailing Address 2727 Paces Ferry Road Suite 2-1200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	8												
City Atlanta State GA Zip Code 30339-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement Employee Travel-Hotel	<table border="1"> <tr> <td>279.65</td> </tr> </table>	279.65																			
279.65																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<p>[MEMO ITEM]</p>																					
<b>B.</b> Full Name (Last, First, Middle Initial) PICS Smartcard Inc.	<b>Transaction ID:</b> SB21B.32130.6 <b>Date of Disbursement</b>																				
Mailing Address 250 H St #510	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	8												
City Blaine State WA Zip Code 98230-4018	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Supplies	<table border="1"> <tr> <td>685.58</td> </tr> </table>	685.58																			
685.58																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<p>[MEMO ITEM]</p>																					
<b>C.</b> Full Name (Last, First, Middle Initial) Postmaster	<b>Transaction ID:</b> SB21B.32130.7 <b>Date of Disbursement</b>																				
Mailing Address US Post Office Watergate 2500 virginia Ave NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	8												
City Washington State DC Zip Code 20037-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage	<table border="1"> <tr> <td>46.25</td> </tr> </table>	46.25																			
46.25																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<p>[MEMO ITEM]</p>																					

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 170 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address PO Box 36662	<b>Transaction ID:</b> SB21B.32130.8 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2008</div> </div>
City Dallas State TX Zip Code 75235-0000 Purpose of Disbursement Employee Travel-Air Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>182.00</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) United Airlines Mailing Address PO Box 86100 City Chicago State IL Zip Code 60666-0100 Purpose of Disbursement Employee Travel-Hotel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.32130.9 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>238.50</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Roger Pope Mailing Address 8526 Northmont Dr. City San Antonio State TX Zip Code 78239-0000 Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.32141 <b>Date of Disbursement</b> <div> <div>06</div> <div>06</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>696.00</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

696.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 171 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Roger Pope	<b>Transaction ID:</b> SB21B.32142 <b>Date of Disbursement</b>																				
Mailing Address 8526 Northmont Dr.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	0	8												
City San Antonio State TX Zip Code 78239-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name	<table border="1"> <tr> <td colspan="10">1077.00</td> </tr> </table>	1077.00																			
1077.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Roger Pope	<b>Transaction ID:</b> SB21B.32143 <b>Date of Disbursement</b>																				
Mailing Address 8526 Northmont Dr.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	0	8												
City San Antonio State TX Zip Code 78239-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name	<table border="1"> <tr> <td colspan="10">400.61</td> </tr> </table>	400.61																			
400.61																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Postmaster	<b>Transaction ID:</b> SB21B.32144 <b>Date of Disbursement</b>																				
Mailing Address US Post Office Watergate 2500 virginia Ave NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	0	8												
City Washington State DC Zip Code 20037-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Postage Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1977.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 172 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

QuickBooks Payroll Service

Mailing Address PO Box 30015

City  
Reno

State  
NV

Zip Code  
89520-3015

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32011

Date of Disbursement

06 / 10 / 2008

Amount of Each Disbursement this Period

118.97

B.

Full Name (Last, First, Middle Initial)

QuickBooks Payroll Service

Mailing Address PO Box 30015

City  
Reno

State  
NV

Zip Code  
89520-3015

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32012

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

22.21

C.

Full Name (Last, First, Middle Initial)

Kurt W. Rice

Mailing Address 7801 S. Drexel Ave.

City  
Chicago

State  
IL

Zip Code  
60619-0000

Purpose of Disbursement  
Ballot Access Petitioning Expense

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32145

Date of Disbursement

06 / 04 / 2008

Amount of Each Disbursement this Period

961.69

SUBTOTAL of Disbursements This Page (optional) .....

1102.87

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 173 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Kurt W. Rice	<b>Transaction ID:</b> SB21B.32146 <b>Date of Disbursement</b>																				
Mailing Address 7801 S. Drexel Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	1		2	0	0	8												
City Chicago State IL Zip Code 60619-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name	<table border="1"> <tr> <td colspan="10">2052.00</td> </tr> </table>	2052.00																			
2052.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Kurt W. Rice	<b>Transaction ID:</b> SB21B.32147 <b>Date of Disbursement</b>																				
Mailing Address 7801 S. Drexel Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	8												
City Chicago State IL Zip Code 60619-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name	<table border="1"> <tr> <td colspan="10">1476.31</td> </tr> </table>	1476.31																			
1476.31																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Kurt W. Rice	<b>Transaction ID:</b> SB21B.32148 <b>Date of Disbursement</b>																				
Mailing Address 7801 S. Drexel Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	0	8												
City Chicago State IL Zip Code 60619-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name	<table border="1"> <tr> <td colspan="10">1264.00</td> </tr> </table>	1264.00																			
1264.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4792.31**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 174 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Eric D. Rittberg

Mailing Address 6 Chuckwagon Ct.

City  
Angleton

State  
TX

Zip Code  
77515-0000

Purpose of Disbursement  
Ballot Access Petitioning Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32149

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

2512.68

B.

Full Name (Last, First, Middle Initial)

Eric D. Rittberg

Mailing Address 6 Chuckwagon Ct.

City  
Angleton

State  
TX

Zip Code  
77515-0000

Purpose of Disbursement  
Ballot Access Petitioning Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32150

Date of Disbursement

06 / 13 / 2008

Amount of Each Disbursement this Period

2325.00

C.

Full Name (Last, First, Middle Initial)

Eric D. Rittberg

Mailing Address 6 Chuckwagon Ct.

City  
Angleton

State  
TX

Zip Code  
77515-0000

Purpose of Disbursement  
Ballot Access Petitioning Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32151

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

1221.00

SUBTOTAL of Disbursements This Page (optional) .....

6058.68

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE

State:  District:

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 176 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
South Carolina Dept. of Revenue

Mailing Address c/of Withholding

City Columbia State SC Zip Code 29214-0004

Purpose of Disbursement  
SC - Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

**Transaction ID:** SB21B.32014

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

61.32

**B.** Full Name (Last, First, Middle Initial)  
Corey Stern

Mailing Address 10420 Buckingham Drive

City Eden Prairie State MN Zip Code 55347-0000

Purpose of Disbursement  
LP.org Webmaster Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

**Transaction ID:** SB21B.32052

Date of Disbursement

06 / 01 / 2008

Amount of Each Disbursement this Period

600.00

**C.** Full Name (Last, First, Middle Initial)  
Erin K. Taylor

Mailing Address 339 Land's Mill

City Marietta State GA Zip Code 30067-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

**Transaction ID:** SB21B.32015

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

567.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1228.32

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 177 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Erin K. Taylor

Mailing Address 339 Land's Mill

City  
Marietta

State  
GA

Zip Code  
30067-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32016

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

228.86

B.

Full Name (Last, First, Middle Initial)

Tekno Solutions

Mailing Address c/of Patrick Kelly  
3917 Holliday Rd

City  
Dallas

State  
TX

Zip Code  
75224-0000

Purpose of Disbursement  
Ballot Access Petitioning Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32155

Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

2828.00

C.

Full Name (Last, First, Middle Initial)

Tekno Solutions

Mailing Address c/of Patrick Kelly  
3917 Holliday Rd

City  
Dallas

State  
TX

Zip Code  
75224-0000

Purpose of Disbursement  
Ballot Access Petitioning Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32156

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

6620.00

SUBTOTAL of Disbursements This Page (optional) .....

9676.86

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 178 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Tekno Solutions</p> <p>Mailing Address c/of Patrick Kelly 3917 Holliday Rd</p> <p>City Dallas State TX Zip Code 75224-0000</p> <p>Purpose of Disbursement Ballot Access Petitioning Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.32157</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2050.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Terra Eclipse, Inc.</p> <p>Mailing Address 9043 Soquel Dr.</p> <p>City Aptos State CA Zip Code 95003-0000</p> <p>Purpose of Disbursement Website Management</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.32158</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) The Black Latino Expo</p> <p>Mailing Address Bronze Identity PO Box 41986</p> <p>City Philadelphia State PA Zip Code 19101-1986</p> <p>Purpose of Disbursement Black Latino Expo Party Outreach Booth</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.32160</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="550.00"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**4100.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 179 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Arenza Thigpen	<b>Transaction ID:</b> SB21B.32162 <b>Date of Disbursement</b>																				
Mailing Address 601 N. Klevin, Apt. 2	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	2		2	0	0	8												
City Anchorage State AK Zip Code 99508-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					
<b>B.</b> Full Name (Last, First, Middle Initial) Arenza Thigpen	<b>Transaction ID:</b> SB21B.32163 <b>Date of Disbursement</b>																				
Mailing Address 601 N. Klevin, Apt. 2	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	0	8												
City Anchorage State AK Zip Code 99508-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name	<table border="1"> <tr> <td colspan="10">781.50</td> </tr> </table>	781.50																			
781.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					
<b>C.</b> Full Name (Last, First, Middle Initial) Arenza Thigpen	<b>Transaction ID:</b> SB21B.32164 <b>Date of Disbursement</b>																				
Mailing Address 601 N. Klevin, Apt. 2	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	0	8												
City Anchorage State AK Zip Code 99508-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name	<table border="1"> <tr> <td colspan="10">186.00</td> </tr> </table>	186.00																			
186.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					

**SUBTOTAL** of Disbursements This Page (optional) .....

1467.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 180 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Ticketmaster	<b>Transaction ID:</b> SB21B.32165 <b>Date of Disbursement</b>																				
Mailing Address 1601 Elm St., Ste. 700	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	8												
City Dallas State TX Zip Code 75201-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">1517.74</td> </tr> </table>	1517.74																			
1517.74																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/ Type 001																				
<b>B.</b> Full Name (Last, First, Middle Initial) TrayPML	<b>Transaction ID:</b> SB21B.32167 <b>Date of Disbursement</b>																				
Mailing Address PO Box 2830	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	0	8												
City Glen Burnie State MD Zip Code 21060-4830	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office Supplies Candidate Name	<table border="1"> <tr> <td colspan="10">251.00</td> </tr> </table>	251.00																			
251.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/ Type 001																				
<b>C.</b> Full Name (Last, First, Middle Initial) Virginia Dept. of Taxation	<b>Transaction ID:</b> SB21B.32017 <b>Date of Disbursement</b>																				
Mailing Address PO Box 26644	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	0	8												
City Richmond State VA Zip Code 23261-6644	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement VA - Withholding Candidate Name	<table border="1"> <tr> <td colspan="10">476.00</td> </tr> </table>	476.00																			
476.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/ Type 001																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2244.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 181 / 189

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Virginia Dept. of Taxation Mailing Address PO Box 26644	<b>Transaction ID:</b> SB21B.32018 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 4 / 2 0 0 8</div> </div>
City Richmond State VA Zip Code 23261-6644 Purpose of Disbursement VA - Withholding Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>338.00</div> <div>001</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Walton Press Mailing Address 402 Mayfield Dr PO Box 966 City Monroe State GA Zip Code 30655-0000 Purpose of Disbursement Non Candidate Party Printing Serv Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.32177 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2673.10</div> <div>003</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Warner, Norcross & Judd Mailing Address 1900 Fifth Third Center 111 Lyon Street NW City Grand Rapids State MI Zip Code 49503-2487 Purpose of Disbursement Legal Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.32169 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2625.00</div> <div>001</div> Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) .....

**5636.10**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Worldwide Express - DHL

Mailing Address 1911 North Ft. Myer Dr. Ste 108

City State Zip Code  
Arlington VA 22209-0000

Purpose of Disbursement  
Shipping Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32175

Date of Disbursement

06 / 27 / 2008

Amount of Each Disbursement this Period

1455.47

**B.**

Full Name (Last, First, Middle Initial)

Robert Zinzell

Mailing Address PO Box 562292

City State Zip Code  
Miami FL 33256-2292

Purpose of Disbursement  
NASCAR Event Party Outreach Booth

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.32172

Date of Disbursement

06 / 27 / 2008

Amount of Each Disbursement this Period

3750.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5205.47

**TOTAL** This Period (last page this line number only) .....

224377.30

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 183 / 189

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Barr 2008 Presidential Committee	<b>Transaction ID:</b> SB23.37932 <b>Date of Disbursement</b>
Mailing Address PO Box 725007	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 5 / 2 0 0 8</div> </div>
City Atlanta State GA Zip Code 31139	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement In-Kind contribution (See Attached Memo)	<div>371.91</div>
Candidate Name BOB BARR	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Andrew R Davis	<b>Transaction ID:</b> SB23.37932.0 <b>Date of Disbursement</b>
Mailing Address 1639 Longleaf Dr.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 5 / 2 0 0 8</div> </div>
City Myrtle Beach State SC Zip Code 29575-5400	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement In-kind Contribution (See Memo)	<div>371.91</div>
Candidate Name Barr 2008 Presidential Committee	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Barr 2008 Presidential Committee	<b>Transaction ID:</b> SB23.37934 <b>Date of Disbursement</b>
Mailing Address PO Box 725007	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 5 / 2 0 0 8</div> </div>
City Atlanta State GA Zip Code 31139	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement In-Kind contribution (See Attached Memo)	<div>24.21</div>
Candidate Name BOB BARR	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

396.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
In-kind Contribution (See Memo)

Candidate Name  
Barr 2008 Presidential Committee

Office Sought: ☐ House  
☐ Senate  
☒ President

State:

District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.37934.0

Date of Disbursement

/   /

Amount of Each Disbursement this Period

24.21

Category/  
Type

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

396.12



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 185 / 189

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Advanced Mailing Services, LLC

Nature of Debt (Purpose):  
Non Candidate Party Print-  
ing/Mailing

Mailing Address 14970 Farm Creek Drive

City State ZIP Code  
Woodbridge VA 22191-3550

Outstanding Balance Beginning This Period

1306.04

Transaction ID: SD10.27152

Amount Incurred This Period

0.00

Payment This Period

1306.04

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Advanced Mailing Services, LLC

Nature of Debt (Purpose):  
Non Candidate Party Print-  
ing/Mailing

Mailing Address 14970 Farm Creek Drive

City State ZIP Code  
Woodbridge VA 22191-3550

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.32279

Amount Incurred This Period

3000.09

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.09

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Darryl Bonner

Nature of Debt (Purpose):  
Ballot Access Petitioning  
Expense

Mailing Address 6151 Reach Street

City State ZIP Code  
Philadelphia PA 19111-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.32281

Amount Incurred This Period

6112.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6112.00

1) **SUBTOTALS** This Period This Page (optional).....

9112.09

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 186 / 189

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Gloette HessNature of Debt (Purpose):  
Convention Parliamentary  
Expense

Mailing Address PO Box 6876

City State ZIP Code  
Denver CO 80206

Outstanding Balance Beginning This Period

1000.00

Transaction ID: SD10.27153

Amount Incurred This Period

0.00

Payment This Period

1000.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Mark PickensNature of Debt (Purpose):  
Ballot Access Petitioning  
Expense

Mailing Address 167 Noterdame Ave 2nd Fl

City State ZIP Code  
Manchester NH 03132-3941

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.32282

Amount Incurred This Period

16451.89

Payment This Period

0.00

Outstanding Balance at Close of This Period

16451.89

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Sheraton Denver HotelNature of Debt (Purpose):  
Convention Catering Expens-  
seMailing Address 1550 Court Plc  
Attn: Soulaïman BahallaCity State ZIP Code  
Denver CO 80202-5107

Outstanding Balance Beginning This Period

5579.21

Transaction ID: SD10.27149

Amount Incurred This Period

0.00

Payment This Period

5579.21

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

16451.89

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 187 / 189

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
US LEC Corp.Nature of Debt (Purpose):  
Phone and Data Services

Mailing Address PO Box 601310

City State ZIP Code  
Charlotte NC 28260-1310

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.32283

Amount Incurred This Period

837.64

Payment This Period

0.00

Outstanding Balance at Close of This Period

837.64

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Walton PressNature of Debt (Purpose):  
Non Candidate Party Print-  
ingMailing Address 402 Mayfield Dr  
PO Box 966City State ZIP Code  
Monroe GA 30655-0000

Outstanding Balance Beginning This Period

2673.10

Transaction ID: SD10.27150

Amount Incurred This Period

0.00

Payment This Period

2673.10

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Worldwide Express - DHLNature of Debt (Purpose):  
Shipping Services

Mailing Address 1911 North Ft. Myer Dr. Ste 108

City State ZIP Code  
Arlington VA 22209-0000

Outstanding Balance Beginning This Period

1455.47

Transaction ID: SD10.27151

Amount Incurred This Period

0.00

Payment This Period

1455.47

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

837.64

**2) TOTALS** This Period (last page this line number only).....

26401.62

**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

26401.62

Form/Schedule: **F3XA**

Transaction ID:

The Committee wishes to disclose the following: 1) No expenditures designated on Schedule B supporting Line 21b were made on behalf of any specifically identified federal candidate. 2) The Libertarian National Committee (LNC) requests address, employer, and occupation information from all contributors whose yearly aggregate contributions exceed \$200.00 and informs them of the requirement of complying with 11 CFR 104.7(b)(1). In the event that the information is not supplied as a result of the initial request, Committee makes a subsequent attempt to collect the information by mail, email, or telephone contact within 30 days of the initial contribution. This 'follow up' request a) clearly asks for the missing information without requesting a contribution, b) informs the contributor of the requirements for reporting such information under federal law, and c) is enclosed with a pre-addressed envelope when sent by postal mail. If the information is submitted after the initial monthly report is filed, the contributor master file is updated and the information is updated in memo entries filed with the next regularly scheduled report. The Committee also makes periodic requests during the year for all contributors to update their contact information and for contributors whose yearly contributions aggregate to more than \$200 to update their Employer/Occupation information.

Form/Schedule: **SB23**

Transaction ID: **SB23.37932.0**

Mr. Davis is an employee of the Libertarian National Committee who is also working with the Barr 2008 Presidential Committee part-time while being compensated by the Libertarian National Committee. The Committee estimates that one-third of Mr. Davis' time is spent working for the Barr 2008 Presidential Committee and two-thirds of Mr. Davis' time is spent working for the Libertarian National Committee. This entry represents the allocation of Mr. Davis' salary.

Image# 28991904749

Form/Schedule: **SB23**

Transaction ID: **SB23.37934.0**

Mr. Davis is an employee of the Libertarian National Committee who is also working with the Barr 2008 Presidential Committee part-time while being compensated by the Libertarian National Committee. The Committee estimates that one-third of Mr. Davis' time is spent working for the Barr 2008 Presidential Committee and two-thirds of Mr. Davis' time is spent working for the Libertarian National Committee. This entry represents the allocation of Mr. Davis' employer payroll taxes.

\*\*\*\*\*